

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  46D0660929	<b>(X3) Date Survey Completed</b>  09/27/2024
<b>Name of Provider or Supplier</b>  Kane County Hospital	<b>Street Address, City, State</b>  355 N Main, Kanab, UT	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5215</b>	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(b)(2)</p> <p>The laboratory must verify the accuracy of any analyte, specialty or subspecialty assigned a proficiency testing score that does not reflect laboratory test performance (that is, when the proficiency testing program does not obtain the agreement required for scoring as specified in subpart I of this part, or the laboratory receives a zero score for nonparticipation, or late return or results).</p> <p>This STANDARD is not met as evidenced by: Based on proficiency test records and interview with the Technical Supervisor (TS), the laboratory failed to verify the accuracy of d-Dimer results of two of eight proficiency testing (PT) events that were reviewed, from first event 2022 to second event 2024. The laboratory performs 144 d-Dimer tests annually. Findings include: 1. Record review of API 2024 Chem-Core-1st and 2nd PT events revealed samples CM-02, CM-06, and CM-07 were not graded because there was not an appropriate peer group and less than 10 participants. 2. Record review of laboratory documentation failed to produce laboratory verification of the accuracy of the d-Dimer results that were not graded by the PT program. 3. In an interview conducted with the TS on 09/27/2024 at approximately 11:56 A.M. confirmed that the laboratory failed to verify the accuracy of the d-Dimer PT samples that were not evaluated by the PT program due to lack of peer group and less than 10 participants.</p>
<b>D6092</b>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(iv)</p> <p>The laboratory director must ensure an approved corrective action plan is followed when any proficiency testing result is found to be unacceptable or unsatisfactory.</p>

This STANDARD is not met as evidenced by:

Based on proficiency test (PT) records and interview with the Technical Supervisor (TS), the laboratory director failed to ensure an approved corrective action plan was followed for three unacceptable testing results in the College of American Pathologists (CAP) PT events since the last survey conducted in September 2021. The laboratory performs 185,850 tests annually. Findings include: 1. Record review of PT results revealed the laboratory received an unacceptable grade for the following: specimen BCP-22, Blood Cell ID in the CAP FH9-C 2022 event, specimen AQ-13 TCO2 in the CAP AQ-C 2023 testing event, and specimen CGL-13 Activated PTT, quant in the CAP CGL-C 2023 testing event. 2. Record review of laboratory documentation failed to produce approved corrective action plans for the unacceptable PT results. 3. In an interview conducted with the TS on 09/26/2024 at approximately 4:45 P.M. confirmed that the laboratory failed to follow an approved corrective action plan for the unacceptable PT results.