Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	46D0886768	10/19/2018
Name of Provider or Supplier	**Street Address, City, State**	
South Davis Community Hospital	485 East 500 South, Bountiful, UT	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D2015	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(5)(6) (5) The laboratory must document the handling, preparation, processing, examination, and each step in the testing and reporting of results for all proficiency testing samples. The laboratory must maintain a copy of all records, including a copy of the proficiency testing program report forms used by the laboratory to record proficiency testing results including the attestation statement provided by the PT program, signed by the analyst and the laboratory director, documenting that proficiency testing samples were tested in the same manner as patient specimens, for a minimum of two years from the date of the proficiency testing event. (6) PT is required for only the test system, assay, or examination used as the primary method for patient testing during the PT event. This STANDARD is not met as evidenced by: Based on proficiency testing records review, lack of documentation, and interview with staff, the laboratory failed to attest the laboratory performed arterial blood gas testing the same as patient testing for 1 of 1 proficiency testing event performed since beginning testing in July 2018. Findings include: 1. Proficiency testing records reviewed included a blank attestation form for the 2nd proficiency testing event of 2018. 2. In an interview conducted on 10/19/2018 at approximately 3:00 P.M., the laboratory manager confirmed the laboratory director and testing personnel failed to attest the laboratory performed proficiency testing the same as patient specimens.
D5787	TEST RECORDS CFR(s): 493.1283(a) The laboratory must maintain an information or record system that includes the following: (a)(1) The positive identification of the specimen. (a)(2) The date and time of specimen receipt into the laboratory. (a)(3) The condition and disposition of

	specimens that do not meet the laboratory's criteria for specimen acceptability. (a)(4) The records and dates of all specimen testing, including the identity of the personnel who performed the test(s). This STANDARD is not met as evidenced by: Based on test records review, lack of documentation and interview with staff, the laboratory failed to maintain an information or record system to document the date and time of specimen receipt into the laboratory for testing prior to September 2018 and the records and dates of all specimen testing including the identity of the personnel who performed the Troponin I and Chemistry 8+ testing for 2 of 8 specimens reviewed. The laboratory performed approximately 2 arterial blood gas tests per day. Findings include: 1. Patient test records available failed to include a record for the dates and times the laboratory received arterial blood gas testing for pH, partial pressure carbon dioxide (pCO2) and partial pressure oxygen (pO2), Troponin I, and chemistry panel 8+ assays between July 1, 2018 and September 18, 2018 and the records and dates of the testing performed. 2. Patient test records reviewed for 2 of 8 tests reviewed failed to include the identification of the personnel who performed Troponin I testing for patient 5409600 on 10/02/2018 and for patient 5197601 for Chemistry 8+ testing on 09/28/2018. 3. In an interview conducted on 10/19/2018 at approximately 1:00 P.M. the laboratory manager stated the laboratory did not have a system to record the date and time specimens were received into the laboratory and failed to record who performed 2 of 8 tests performed.