

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  46D0886768	<b>(X3) Date Survey Completed</b>  09/17/2020
<b>Name of Provider or Supplier</b>  South Davis Community Hospital	<b>Street Address, City, State</b>  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.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D2007</b>	<p><b>TESTING OF PROFICIENCY TESTING SAMPLES</b> CFR(s): 493.801(b)(1)</p> <p>The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods</p> <p>This STANDARD is not met as evidenced by: Based on proficiency testing records review and interview with staff, the laboratory failed to ensure proficiency testing samples were rotated among testing personnel routinely performing iSTAT arterial blood gas tests for 2 years of testing reviewed from September 2018 to September 2020 for 6 of 6 testing events. Findings include: 1. Proficiency testing record review included documentation the 2nd event of 2020 the attestation statement was not yet completed. The 1st event of 2020 included the same test persons at the 3rd event of 2019 and the 2nd event of 2019; the 1st event of 2019 did not include a signature by testing personal, the 3rd event of 2018 did not include the identity of testing personnel. 2. In an interview with staff on 09/17/2020 at approximately 5:00 P.M. staff confirmed proficiency tests were not rotated among testing personnel who routinely performed patient testing..</p>