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| <b>Statement of Deficiencies</b>                                                                                           | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>46D1037480 | <b>(X3) Date Survey Completed</b><br><br>08/21/2026 |
| <b>Name of Provider or Supplier</b><br><br>Ubmc Vernal Laboratory                                                          | <b>Street Address, City, State</b><br><br>405 North 500 West, Vernal, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| D2007              | <p>TESTING OF PROFICIENCY TESTING SAMPLES<br/>CFR(s): 493.801(b)(1)</p> <p>(b)(1) 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:<br/>. Based on proficiency testing (PT) record review and interview with the General Supervisor (GS) the laboratory failed to ensure that testing personnel attested to the routine integration of PT samples into the patient workload for API 2026 Chemistry - Core - 1st Event and 2nd Event. . Findings Include 1. Record review on 08/21/26 of proficiency testing records revealed that testing personnel failed to sign the attestation statement for the API 2026 Chemistry - Core - 1st Event and 2nd Event. 2. Interview on 08/21/26 at approximately 12:30 PM with the GS confirmed testing personnel failed to sign the attestation statement for the API 2026 Chemistry - Core - 1st Event and 2nd Event. .</p> |
| D5209              | <p>PERSONNEL COMPETENCY ASSESSMENT POLICIES<br/>CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by:<br/>. Based on document review and interview with the General Supervisor (GS), the laboratory failed to follow its written policy for personnel competency assessment by failing to ensure that 7 of 7 testing personnel completed all 6 required components of</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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|              | <p>competency assessment for 2024 and 2025. . Findings include: 1. Record review on 08/20/2026 of the laboratory's competency instructions revealed the requirement that "all non-waived analyzers will require all six methods". 2. Record review 08/20/2026 of personnel files revealed that 7 of 7 testing personnel (Testing Personnel #1 through #7) failed to complete all 6 required components of competency assessment for non-waived testing for both 2024 and 2025. 3. Interview with the GS on 08/20/2026 at approximately 2:40 PM confirmed that laboratory staff failed to complete all six components of competency for 2024 and 2026. .</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>D6053</b> | <p>TECHNICAL CONSULTANT RESPONSIBILITIES<br/>CFR(s): 493.1413(b)(9)</p> <p>(b)(9) Evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens.</p> <p>This STANDARD is not met as evidenced by:<br/>. Based on a review of competency evaluation documentation and an interview with the General Supervisor (GS), the laboratory failed to perform and document semi-annual competency evaluations for 3 of 3 Testing Personnel (TP) during their first year of performing for blood gas testing since the last survey was performed on 03/20/2024. The laboratory performs approximately 161 blood gas panels a year. . Findings include: 1. A review of competency evaluation records on 08/20/26 revealed that 3 of 3 TP did not have documentation of a semi-annual competency assessment during their first year of performing blood gas testing on the ABL 820 blood gas analyzer. 2. An interview with the GS at approximately 3:50 PM on 08/20/26 confirmed that 3 of 3 TP reviewed since the last survey on 03/20/24 did not have documentation of a semi-annual competency assessment during their first year of performing blood gas testing.</p> |