Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	47D0090671	11/10/2022
Name of Provider or Supplier	**Street Address, City, State**	
Mountain Valley Health Center	38 Vt Route 11, Londonderry, VT	

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
D5481	CONTROL PROCEDURES CFR(s): 493.1256(f)(g) (f) Results of control materials must meet the laboratory's and, as applicable, the manufacturer's test system criteria for acceptability before reporting patient test results. (g) The laboratory must document all control procedures performed. This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory's results for Hematology control materials failed to meet acceptability criteria before performing patient testing on 4 days in 2022. Findings include: 1. Review on 11/10/2022 of quality control results from January 2022 through 11/10/2022 for complete blood count (CBC) testing revealed 4 days (2/22/2022, 5/25/2022, 5/31/2022, and 7/25/2022) when control results failed to meet acceptable criteria. CBC testing includes the following: white blood cell count, red blood cell count, hemoglobin, platelet count, and white blood cell differential. 2. Review on 11/10/2022 of patient CBC testing revealed 5 patient CBC results performed on 2/22/2022, 3 patient CBC results performed on 5/25 /2022, 9 patient CBC results performed on 5/31/2022, and 11 patient CBC results performed on 7/25/2022. 3. Interview on 11/10/2022 at 11:45 a.m. with Testing Personnel confirmed the above findings.
D5791	ANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1289(a)(c) (a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and when indicated, correct problems identified in the analytic systems specified in 493.1251 through 493.1283. (c) The laboratory must document all analytic systems assessment activities.

	This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory (lab) failed to establish and follow written policies and procedures to monitor quality control testing for Hematology. This is a repeat deficiency from the recertification survey completed November 2016. Findings include: 1. The lab's control testing for complete blood counts (CBC) failed to meet acceptable criteria. Refer to D5481. 2. Review on 11/10 /2022 of the lab's "Quality Control Policy" effective 3/2019 revealed no instruction as part of the quality assurance to review control results to ensure personnel are following procedures and that control testing has met acceptable criteria before patient testing is performed. 3. Interview on 11/10/2022 at 12:00 with the Technical Consultant (TC) confirmed the lab did not have an established policy or procedure that includes monitoring control results. The TC revealed the CBC control results had been reviewed for trends but was not reviewed to determine the results met acceptable criteria.