

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D0396909	(X3) Date Survey Completed 07/19/2018
Name of Provider or Supplier Tri-County Memorial Hospital	Street Address, City, State 18601 Lincoln St, Whitehall, WI	
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
D5445	<p>CONTROL PROCEDURES CFR(s): 493.1256(d)(1)(2)(g)</p> <p>Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must-- (d)(1) Perform control procedures as defined in this section unless otherwise specified in the additional specialty and subspecialty requirements at 493.1261 through 493.1278. (d)(2) For each test system, perform control procedures using the number and frequency specified by the manufacturer or established by the laboratory when they meet or exceed the requirements in paragraph (d)(3) of this section. (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of blood bank testing records and procedures, and interview with the general supervisor, the laboratory could not show control testing was performed each day of testing as required. Findings include: 1. Review of blood bank testing records show quality control was not performed on each calendar day of testing. Further review showed no documentation of the time quality control testing was performed. 2. Review of blood bank procedure 'SOP Ortho MTS Gel Workstation Lab-8756' revealed blood bank controls need to be performed each day of testing. 3. Interview with the general supervisor on July 18, 2018 at 3:00 PM revealed blood bank controls are to be performed within 24 hours prior to patient testing, and confirmed sufficient documentation was not maintained to show the controls were performed as required.</p>