

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 53D0662176	(X3) Date Survey Completed 10/09/2024
Name of Provider or Supplier Memorial Hospital Of Carbon County	Street Address, City, State 2221 W Elm St, Rawlins, WY	
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
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES 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: Based on review of the CMS (Centers for Medicare and Medicaid Services) 209 Laboratory Personnel Report, review of personnel records, policy and procedure review, and staff interview, the laboratory failed to ensure the technical supervisor and general supervisor's competency assessment had been completed for 2 of 2 years (2022, 2023) reviewed. The findings were: 1. Review of the personnel file of the technical and general supervisor showed no evidence a competency assessment had been completed in 2022 or 2023. 2. Interview with the technical/general supervisor on 10/8/24 at 3 PM confirmed a competency assessment had not been completed. 3. Review of the "Personnel Competency and Records" policy showed "...G. The performance of section directors/technical supervisors, general supervisors, and technical consultants is assessed and satisfactory. NOTE: All responsibilities of the section directors...must be delegated by the laboratory director in writing. Unsatisfactory performance must be addressed in a corrective action plan. The assessment may take the form of a checklist or other written documentation of performance of responsibilities, as defined by the individual's job description..."</p>
D5447	<p>CONTROL PROCEDURES CFR(s): 493.1256(d)(3)(i)(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-- At least once a day patient specimens are assayed or examined perform the following</p>

for-- Each quantitative procedure, include two control materials of different concentrations; (g) The laboratory must document all control procedures performed.

This STANDARD is not met as evidenced by:

Based on review of quality control (QC) records, review of the patient testing log, review of the laboratory's individualized quality control plans (IQCP), and staff interview, the laboratory failed to perform two levels of QC each day of patient testing for the BNP (B-type natriuretic peptide) test performed on the Biosite Triage Meter for 27 days reviewed from 9/12/24 through 10/8/24. This failure affected 12 patient BNP tests. The findings were: 1. Review of the BNP Triage Patient Log showed 5 patient tests were performed on 9/12/24; 1 patient test was performed on 9/16/24; 2 patients tests were performed on 9/26/24; 1 patient test on 10/1/24; 2 patient tests on 10/7/24; and 1 patient test on 10/8/24. There was no evidence the laboratory had performed QC on the day of testing. 2. Review of the Triage BNP QC log sheet showed testing personnel were directed to perform QC with every new lot/shipment of cartridges. Review of the laboratory's IQCP notebook showed no evidence an IQCP had been developed for the BNP analyte. 3. Interview with the technical supervisor on 10/9/24 at 10:21 AM confirmed QC was not performed on the day of patient testing and an IQCP had not been developed.