

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 53D0681667	(X3) Date Survey Completed 01/09/2024
Name of Provider or Supplier Powell Valley Healthcare	Street Address, City, State 777 Avenue H, Powell, 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 competency assessment for the technical supervisor (TS) and the general supervisor (GS) was completed for 1 of 2 years (2023) reviewed. The findings were: 1. Review of the CMS 209 Laboratory Personnel Report showed the laboratory employed one staff member which performed the duties of the TS and the GS. The following concerns were identified: a. Review of the personnel record for the TS/GS showed no evidence a competency assessment was completed in 2023. b. Interview with the TS on 1/9/24 at 10:55 AM confirmed the competency assessment for the duties of the technical supervisor and general supervisor was not completed in 2023. c. Review of the policy and procedure titled "Personnel Competency Review In the Lab" last reviewed by the laboratory director on 1/19/23 failed to include a procedure for assessing the competency of the technical supervisor and the general supervisor. .</p>
D5417	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d)</p> <p>Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality.</p>

This STANDARD is not met as evidenced by:

. Based on observation and staff interview, the laboratory failed to ensure the Blood Agar/MacConkey Biplate (BAP/MAC) media used for the cultivation, isolation, and enumeration of all bacterial and yeast urinary pathogens was not used beyond its expiration date for 9 of 9 urine cultures performed between 1/3/24 and 1/9/24. This failure affected 9 of 9 patients (#1, #2, #3, #4, #5, #6, #7, #8, and #9). The findings were: 1. Observation on 1/9/24 at 12:50 PM of the bacteriology storage refrigerator showed the BAP/MAC media, lot #752139 with an expiration date of 1/2/24, was available for use. 2. Observation of the urine cultures currently in progress and the finalized cultures from 1/3/24 to 1/9/24 showed a urine specimen for patient #1 was inoculated on 1/3/24; patients #2, #4, and #3 were inoculated on 1/4/24; patients #5, #6 and #7 were inoculated on 1/5/24, patient #8 was inoculated on 1/8/24; and patient #9 was inoculated on 1/9/24. 3. Interview with the technical supervisor on 1/9/24 at 1:03 PM confirmed the media in use was expired and should not have been used.