

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 53D1091161	(X3) Date Survey Completed 05/03/2018
Name of Provider or Supplier Yellowstone Pathology Institute-Cody Wyoming	Street Address, City, State 707 Sheridan Avenue, Cody, 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
D5313	<p>SPECIMEN SUBMISSION, HANDLING, AND REFERRAL CFR(s): 493.1242(b)</p> <p>The laboratory must document the date and time it receives a specimen.</p> <p>This STANDARD is not met as evidenced by: Based on direct observation and interview with staff, the laboratory system failed to document the date and time pathology specimens were received into the laboratory for two years of testing reviewed. The laboratory performed approximately 3,000 gross analyses per year. Findings include: 1. The surveyor observed specimens being processed by the laboratory grossing technologist on 05/03/2018 at approximately 11:45 A.M. that included entering into the laboratory information system the date and time specimens were accessioned by the laboratory and assigned a laboratory identification. 2. In in interview with staff on 05/03/2018 at approximately 12:20 P. M., staff stated specimens were retrieved from the operating room at approximately 10:00 A.M. each day of testing and then received into the laboratory and accessioned by the laboratory into the test system. Testing personnel stated the laboratory did not have a system or process established to record the date and time specimens that were dropped off by hospital staff members or for out patient specimens arriving during hours the grossing lab was not staffed were actually received into the laboratory location.</p>