

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 53D2099145	(X3) Date Survey Completed 01/18/2022
Name of Provider or Supplier Banner Health Physicians West Llc	Street Address, City, State 3632 American Way, Casper, 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
D5413	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b)</p> <p>The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following: (1) Water quality. (2) Temperature. (3) Humidity. (4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's environmental records, review of manufacturer's instructions, and staff interview, the laboratory failed to monitor humidity in the testing and reagent storage areas. The laboratory conducted approximately 8800 patient tests annually. The findings were: 1. Review of the daily environmental log showed the humidity level in the lab was not monitored. 2. Review of the instrument manual for the Alere Triage meter showed the relative humidity must be maintained between 10% and 85%. 3. Review of the Sysmex pocH-100i hematology analyzer instrument manual showed the relative humidity must be maintained between 30% and 85%. 4. Interview with the technical consultant on 1/18/22 at 5:10 PM confirmed the laboratory did not measure, monitor, or record relative humidity.</p>
D6046	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8)</p> <p>(b) The technical consultant is responsible for-- (b)(8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently.</p>

This STANDARD is not met as evidenced by:

Based on review of the CMS-209 Laboratory Personnel Report, review of policy and procedure, and staff interview, the technical consultant (TC) failed to ensure 6 of 6 testing personnel PA (physician assistant), #1, NP (nurse practitioner) #1, NP #2, NP #3, NP #4, and NP #5 were evaluated for competency in reading and reporting KOH (potassium hydroxide) and WP (wet prep) patient testing. The mid-level providers performed approximately 40 tests annually. In addition, the TC failed to ensure 1 of 1 technical consultant (TC #1) was evaluated for competency. The laboratory performed approximately 8800 patient tests annually. The findings were: 1. Review of the CMS-209 Laboratory Personnel Report showed 6 testing personnel (PA #1, NP #1, NP #2, NP #3, NP #4, NP #5) were listed as testing personnel. Interview with the technical consultant on 1/18/22 at 1:15 PM revealed the mid-level providers performed KOH and WP patient testing for the laboratory. 2. Review of the laboratory's personnel records showed the mid-level providers participated in proficiency testing, however competency assessments had not been completed. PA #1 was hired in 8/2019; NP #1 was hired in 10/2016; NP #2, was hired in 2/2016; NP #3 was hired in 1/2000; NP #4 was hired in 10/2019; and NP #5 was hired in 11/2020. 3. Review of the laboratory's personnel records showed TC #1 was hired in 2/2020. There was no documentation any competency assessments had been completed for TC #1. 3. Interview with the technical consultant on 1/18/22 at 2:50 PM confirmed the competency assessments had not been completed. 4. Review of the policy titled "Competence Assessment Process" dated 5/30/20 showed "...2. The competence will be assessed at the following times: after initial training, after 6 months, and then at least annually thereafter. 3. Competency will be determined in the following ways: a. Recording and reporting of test results. b. Review of worksheets, QC (quality control) records, PT (proficiency testing) results, and maintenance results. c. Performance of assigned unknown specimens. d. Use of problem solving skills. e. Direct observation of test performance. f. Direct observation of instrument maintenance and function checks. g. Written exam and/or study module. h. Written cases or evaluations. i. Compliments or complaints. j. Other options as approved..."