

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 53D2135798	(X3) Date Survey Completed 04/11/2019
Name of Provider or Supplier Sugarland Walk In Clinic	Street Address, City, State 1005 Sugarland Drive, Sheridan, 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
D5393	<p>PREANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1249(b)(c)</p> <p>The preanalytic systems assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of preanalytic systems quality assessment reviews with appropriate staff. The laboratory must document all preanalytic systems quality assessment activities.</p> <p>This STANDARD is not met as evidenced by: Based on quality assessment procedure review, lack of documentation, and interview with the technical consultant, the laboratory failed to document they reviewed pre-analytic quality assessment activities to ensure the laboratory monitored specimen collection, labeling, preparation, and storage to ensure the laboratory followed their procedures for specimens to meet established testing requirements. The laboratory collected approximately 224 specimens for complete blood counts per year. Findings include: 1. The laboratory quality assessment policy stated the quality parameters for review. 2. The laboratory failed to document they monitored the quality assessment items stated in their policy. 3. In an interview conducted on 04/11/2019 at approximately 11:00 A.M., the technical consultant stated the lab did not document the pre-analytic quality assessment stated criteria to identify, and if necessary, correct problems in the pre-analytic portion of complete blood count testing.</p>
D5893	<p>POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(b)(c)</p> <p>(b) The postanalytic systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of postanalytic systems quality assessment reviews with appropriate staff. (c) The</p>

laboratory must document all postanalytic systems quality assessment activities.

This STANDARD is not met as evidenced by:

Based on quality assessment procedures reviewed, lack of documentation, and confirmation by the technical consultant, the laboratory failed to document they reviewed patient test reports to monitor, assess, and when indicated, correct problems identified with patient complete blood count test reports. The laboratory reported approximately 224 complete blood count tests per year. Findings include: 1. Quality assessment records reviewed failed to include documentation patient test reports were reviewed to monitor post analytic testing, (for example, that test reports were reliably entered into patient chart records, that reports contained the required elements, and that critical value reports were communicated to the provider as the laboratory procedure states). 2. In an interview conducted on 04/11/2019 at approximately 11:00 A.M., the laboratory technical consultant confirmed the laboratory failed to document they monitored the post analytic portion of their quality assessment plan.