

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 53D2135798	(X3) Date Survey Completed 05/18/2021
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
D5411	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(a)</p> <p>Test systems must be selected by the laboratory. The testing must be performed following the manufacturer's instructions and in a manner that provides test results within the laboratory's stated performance specifications for each test system as determined under 493.1253.</p> <p>This STANDARD is not met as evidenced by: Based on review of complete blood count (CBC) test record review, lack of documentation, review of the manufacturer's operator's manual, and staff interview, the laboratory failed to follow the manufacturer's instructions to review flagged analytes on the analyzer printout for 1 of 14 (#36617) hematology samples reviewed. The laboratory performed approximately 1700 CBCs per year. The findings were: 1. Review of the Sysmex XP-300 instrument printout for specimen #36617 showed the result for the lymphocyte count was flagged with the code F1 and the mixed leukocyte count was flagged with the code F2. There was no documentation the sample had been reviewed for accuracy. 2. Review of the Sysmex XP-300 operator's manual showed the code F1 indicated the "lymphocyte relative frequency of T1 has exceeded range" and F2 indicated the mixed leukocyte count "frequency of T1 or T2 has exceeded range." 3. Interview with the technical consultant on 5/18/21 at 1 PM confirmed the specimen had not been repeated, and the flagged analytes should have been reviewed for accuracy.</p>
D5787	<p>TEST RECORDS CFR(s): 493.1283(a)</p> <p>The laboratory must maintain an information or record system that includes the following: (a)(1) The positive identification of the specimen. (a)(2) The date and time of specimen receipt into the laboratory. (a)(3) The condition and disposition of</p>

specimens that do not meet the laboratory's criteria for specimen acceptability. (a)(4)
The records and dates of all specimen testing, including the identity of the personnel who performed the test(s).

This STANDARD is not met as evidenced by:

Based on complete blood count (CBC) test record review, lack of documentation, and staff interview, the laboratory failed to ensure the laboratory test records included the identity of the personnel who performed 2 of 14 (#36672, #39923) CBC tests results reviewed. The findings were: Review of the Sysmex XP-300 instrument printouts, patient test reports, and the corresponding hematology specimen log book, showed the laboratory failed to include the identity of the personnel performing the CBC for specimen #39923 collected on 10/11/20, and specimen #36672 collected on 5/7/21. Interview with the technical consultant on 5/18/21 at 12:30 PM confirmed the identity of the testing personnel had not been documented.