

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D1074961	(X3) Date Survey Completed 12/04/2019
Name of Provider or Supplier Urgent Care Northwest	Street Address, City, State 2708 Highway 78 East, Jasper, AL	
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
D5793	<p>ANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1289(b)(c)</p> <p>(b) The analytic 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 analytic systems quality assessment reviews with appropriate staff. (c) The laboratory must document all analytic systems assessment activities.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the MLE (Medical Laboratory Evaluation) Proficiency Testing (PT) records and an interview with Testing Personnel (TP) #1, the laboratory failed to assess the effectiveness of corrective actions taken to prevent recurring failures in Microscopy (Wet Preparation and Urine Sediment Exam) surveys. The surveyor noted the laboratory failed five out of seven surveys between September 2017-September 2019. The findings include:1. A review of the 2017-2019 MLE PT results revealed the following failures in Microscopy surveys: A) 2017 M3: Wet Prep-0% (Lab results: Fiber/Fecal Contamination; Acceptable result: Mucus Strands) B) 2018 M1: Urine Sediment: 50% (Lab results: Bacteria; Acceptable result: Fiber/Fecal Contamination) C) 2018 M3: Urine Sediment: 50% (Lab results: Transitional Epithelial Cell; Acceptable result: Renal Tubular Epithelial) D) 2019 M1: Wet Prep-0% (Lab results: Spermatozoa; Acceptable result: Trichomonas vaginalis) E) 2019 M2: Urine Sediment: 50% (Lab results: Red Blood Cell; Acceptable result: White Blood Cell); and Wet Prep: 0% (Lab results: Squamous Epithelial; Acceptable result: Clue Cell) 2. A review of corrective actions for the above failures revealed the laboratory documented the correct results were reviewed with the testing personnel. There was no documentation of additional corrective actions to prevent recurrence until 2019-M2, which included a comment the testing personnel should "...be more careful" and "use the book". There was no indication the laboratory had reviewed patient results to insure the accuracy of the testing after the failures. 3. During an interview on 12/4</p>

/2019 at 12:20 PM, the surveyor asked TP #1 if the laboratory had implemented any additional corrective actions after Microscopy failures on five out of seven surveys. TP #1 explained they "try to be careful with the proficiency testing, but we are not always sure what the arrow is pointing at". 4. As the interview continued, the surveyor explained the CLIA requirement of assessing the effectiveness of corrective actions, and implementing additional measures if the problem continues to occur. The surveyor explained the Laboratory Director and Technical Consultant needed to review options and implement changes to insure the quality of the laboratory results. SURVEYOR ID #32558 Licensure and Certification Surveyor