

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 02D0953045	(X3) Date Survey Completed 12/05/2019
Name of Provider or Supplier Hillside Family Medicine, Llc	Street Address, City, State 9220 Lake Otis Pkwy, Suite 5a, Anchorage, AK	
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
D5791	<p>ANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1289(a)(c)</p> <p>(a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and when indicated, correct problems identified in the analytic systems specified in 493.1251 through 493.1283. (c) The laboratory must document all analytic systems assessment activities.</p> <p>This STANDARD is not met as evidenced by: Based on review of the Alere Afinion microalbumin/creatinine Individualized Quality Control Plan (IQCP) and technical consultant interview, the laboratory did not establish and follow written policies and procedures monitoring the effectiveness of their IQCP. Findings: 1. The laboratory performs approximately 1000 microalbumin /creatinine ratios on the Alere Afinion annually. 2. The laboratory's IQCP for microalbumin/creatinine, approved on 4/1/2018, is missing the Quality Assessment piece. 3. The technical consultant confirmed these findings 12/05/2019 at 15:30.</p>