

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D0057396	(X3) Date Survey Completed 09/18/2018
Name of Provider or Supplier Evernorth Care Group	Street Address, City, State 1840 S Stapley Dr Ste 101, Mesa, AZ	
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
D5211	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a)</p> <p>The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.</p> <p>This STANDARD is not met as evidenced by: Based on review of Proficiency Testing (PT) records for the first event of 2018 under the specialty of Hematology and interview with the facility personnel, the laboratory failed to provide a documented evaluation of the PT results received from the analyzer compared to to the acceptable result range provided by the PT agency. Findings include: 1. There was a clerical error on the PT submission form that resulted in the laboratory indicating "Discontinued" instead of the actual results obtained from the analyzer for the White Blood Cell Differential . 2. The PT review and corrective action dated 04/26/2018 indicated that a self score was to occur to assess the actual results for the entries that indicated "Discontinued" on the PT performance summary sheet. 3. The facility personnel confirmed that the performance review and corrective action did not actually include documentation of a self score for all of the analytes that received "Discontinued" on the PT performance review summary sheet.</p>