

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D0527938	(X3) Date Survey Completed 04/18/2018
Name of Provider or Supplier Sobel Family Medicine	Street Address, City, State 4550 E Bell Rd #114, Phoenix, 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
D2009	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on review of proficiency testing (PT) records from 2017 for testing performed in the specialty of Hematology and interview with the facility personnel, the laboratory director and the individual testing the samples failed to sign the PT attestation statement. Findings include: 1. The laboratory performs patient testing in the specialty of Hematology, with an approximate annual test volume of 40,000. 2. The PT attestation statement presented for review for the second testing event of 2017 lacked the director's signature and the testing personnel's signature. 3. The facility personnel confirmed that the PT attestation statement indicated above was not signed by the laboratory director and testing personnel.</p>