

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  03D0529155	<b>(X3) Date Survey Completed</b>  03/04/2021
<b>Name of Provider or Supplier</b>  Montecito Post Acute And Rehabilitation	<b>Street Address, City, State</b>  51 S 48th St, Mesa, AZ	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D2009</b>	<p><b>TESTING OF PROFICIENCY TESTING SAMPLES</b> 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 the review of proficiency testing (PT) records for testing performed in the subspecialty of Routine Chemistry and interview with the facility personnel, the laboratory failed to provide a completed attestation statement for review for the third event of 2020 . Findings include: 1. The laboratory performs Blood Gas testing in the subspecialty of Routine Chemistry, with an approximate annual test volume of 1050. 2. No PT attestation statement was presented for review for the third event of 2020 for Blood Gas Testing in the subspecialty of Routine Chemistry. 3. The facility personnel acknowledged that the PT attestation statement indicated above could not be located.</p>