

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D0534242	(X3) Date Survey Completed 01/08/2020
Name of Provider or Supplier Laboratory Corporation Of America	Street Address, City, State 1750 S Railroad Springs Road, #10, Flagstaff, 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
D5291	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a)</p> <p>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 general laboratory systems requirements specified at 493.1231 through 493.1236.</p> <p>This STANDARD is not met as evidenced by: Based on review of Proficiency Testing (PT) records and interview with the facility personnel, the laboratory failed to document corrective action for unsatisfactory PT scores. Findings include: 1. The laboratory performs Complete Blood Count (CBC) testing, including a manual differential if warranted. The laboratory's approximate annual test volume for the specialty of Hematology is 97. 2. The laboratory is enrolled in PT for Blood Cell Identification, to include "Blood Cell ID (Educational)" which includes two samples each PT event. The results of this particular test are not evaluated by the PT organization and given a grade of "Not Graded". It is the laboratory's responsibility to self-grade the results using the performance results provided by the PT organization once the PT results are returned to the laboratory. 3. During the survey conducted on January 8, 2020, review of the PT results for the 2nd event of 2018 Blood Cell ID (Educational), (Sample# BCI-14) revealed the laboratory's Reported Result was "Metamyelocyte (juvenile)" and the PT Organization's Expected Result was "Auer Rod". 4. No corrective action documentation was presented for review during the survey to indicate the laboratory identified and corrected the error of the discrepant PT results. 5. The facility personnel confirmed that the laboratory failed to document corrective action for the unsatisfactory PT scores referenced above.</p>