Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	03D0680709	01/10/2019
Name of Provider or Supplier	**Street Address, City, State**	
Honorhealth Cancer Care	3621 N Wells Fargo Avenue, Scottsdale, 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
D5293	GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(b)(c) (b) The general laboratory systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of general laboratory systems quality assessment reviews with appropriate staff. (c) The laboratory must document all general laboratory systems quality assessment activities. This STANDARD is not met as evidenced by: Based on review of monthly quality assessment (QA) checklists presented for review and interview with the facility personnel, the laboratory failed to perform and document the monthly QA checklist during 2018. Findings include: 1. The laboratory performs patient testing in the specialty of Hematology, with an approximate annual test volume of 50,000. 2. No documentation was presented for review during the survey to indicate the laboratory performed and documented a monthly QA checklist, including but not limited to, review of quality control records, maintenance, proficiency testing, and personnel records, during 2018. 3. The facility personnel confirmed that the laboratory failed to perform and document the monthly QA review during 2018.
D5391	PREANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1249(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 preanalytic systems specified at 493.1241 through 493.1242. This STANDARD is not met as evidenced by:

	Based on review of patient test requests in the laboratory's electronic medical record (EMR) system, review of laboratory policies and interview with the facility personnel, the laboratory failed to establish written policies related to the use of standing orders. Findings include: 1. The laboratory performs testing on patient specimens in the specialty of Hematology, with an approximate annual test volume of 50,000. It is the practice of the laboratory to utilize standing orders for patient testing. 2. No written policy or procedure was presented for review during the survey to explain the use of standing orders for patient testing, including the time frame in which a standing order is valid. 3. The facility personnel confirmed that the laboratory did not have a written policy or procedure for the use of standing orders.