

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D0872266	(X3) Date Survey Completed 06/02/2021
Name of Provider or Supplier East Valley Internal Medicine Pc	Street Address, City, State 2081 W Frye Rd, Ste 200, Chandler, 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
D5891	<p>POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(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 postanalytic systems specified in 493.1291.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures, review of the laboratory's critical test report log and interview with the testing personnel, the laboratory failed to follow established policies and procedures for documenting critical test values. Findings include: 1. The laboratory performs testing under the specialties of Chemistry and Hematology, with an approximate annual test volume of 62,000. 2. The laboratory's policy reviewed during the survey conducted on June 2, 2021 titled "Critical Values" states, "Document the call in the 'Critical Values Test To Be Reviewed' Log noting the patient's name, ID number, test, value, date and your initials. Also document the last name of the physician or nurse to whom the results were given, and the date and time this was done. The Laboratory Supervisor or designee will review the log to assure compliance and to analyze for possible instrumentation problems. This log should be checked at least weekly for review." 3. The Critical Value Log reviewed during the survey failed to include documentation of the last name of the physician or nurse to whom the results were given, and the date and time this was done, as required by laboratory policy. 4. The Critical Value Log reviewed during the survey failed to indicate the log was reviewed by the Laboratory Supervisor or designee at least weekly during 2019 through the date of the survey conducted on June 2, 2021. 5. Review of the "Critical Values Test To Be Reviewed" log during the survey listed approximately 8 patients with critical test results since January 2019 to the date of the survey. 6. The testing personnel confirmed that the</p>

laboratory failed to document the last name of the physician or nurse to whom the results were given, and the date and time this was done, and acknowledged that the log was not reviewed at least weekly per laboratory policy.