

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D1047448	(X3) Date Survey Completed 01/30/2019
Name of Provider or Supplier Honorhealth Cancer Care	Street Address, City, State 10460 N 92nd St, Lab First Floor, 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
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 2018 and interview with the facility personnel, the laboratory director failed to sign the PT attestation statement. Findings include: 1. The laboratory participates in PT for testing performed in the specialty of Hematology. The laboratory's approximate annual test volume is 50,400. 2. The PT attestation statement presented for review for the second event of 2018 lacked the director's signature. 3. The facility personnel confirmed that the PT attestation statement indicated above was not signed by the laboratory director.</p>