

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D2109941	(X3) Date Survey Completed 11/13/2024
Name of Provider or Supplier Banner University Medical Center Tucson	Street Address, City, State 3838 N Campbell Ave Bldg 1, Tucson, 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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on lack of accuracy verification documentation for Frozen Biopsy testing, and interview with the facility personnel, the laboratory failed to verify the accuracy of testing performed under the subspecialty of Histopathology at least twice annually during 2023. Findings include: 1. No documentation was presented for review to indicate the laboratory verified the accuracy of Frozen Biopsy testing at least twice annually during 2023. 2. The facility personnel interviewed on 11/13/24 at 10:30 AM confirmed the laboratory failed to verify the accuracy of the testing listed above at least twice annually during 2023. 3. The laboratory reports the performance of 700 tests annually under the subspecialty of Histopathology.</p>