

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D2176971	(X3) Date Survey Completed 02/04/2025
Name of Provider or Supplier Gi Pathology Consultants Of Arizona, Llc	Street Address, City, State 6525 N 59th Street, Paradise Valley, 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 review and interview with the laboratory director (LD), the laboratory failed to verify the accuracy of testing performed under the subspecialty of Histopathology at least twice annually during 2023 and 2024. Findings include: 1. No documentation was presented for review to indicate the laboratory verified the accuracy of the microscopic interpretation of tissue biopsies at least twice annually during 2023 and 2024. 2. The LD interviewed on 2/04/25 at 11:55 AM confirmed the laboratory failed to verify the accuracy of the testing indicated above at least twice annually during 2023 and 2024. 3. The laboratory's reported annual test volume under the subspecialty of Histopathology is 300.</p>