Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0856065	(X3) Date Survey Completed 10/21/2019
Name of Provider or Supplier Northern California Fertility Medical Center	**Street Address, City, State** 4320 Auburn Blvd, Sacramento, CA	
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	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on review of the College of American Pathologists (CAP) proficiency testing records and interview with the laboratory staff it was determined that; the laboratory failed to at least twice annually, the laboratory must verify the accuracy of Anti-Sperm (IgA) procedure it performs that is not included in subpart I of this part. The findings included: a. Based on review and the lack of documentation for Anti-Sperm (IgA) tests. b. The laboratory performs approximately twenty five (25) Anti Sperm (IgA) tests from 2017 to 2019. c. The laboratory staff confirmed (10/21/2019, 14:45) that the laboratory failed to at least twice annually verify the accuracy of the Anti-Sperm (IgA) tests.