

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D1000733	(X3) Date Survey Completed 12/03/2019
Name of Provider or Supplier Central Valley Pain Management And Wellness Clinic	Street Address, City, State 1300 Mable Ave Ste 2, Modesto, 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
D2116	<p>TOXICOLOGY CFR(s): 493.845(e)</p> <p>(1) For any unsatisfactory analyte or test performance or testing event for reasons other than a failure to participate, the laboratory must undertake appropriate training and employ the technical assistance necessary to correct problems associated with a proficiency testing failure. (2) For any unacceptable analyte or testing event score, remedial action must be taken and documented, and the documentation must be maintained by the laboratory for two years from the date of participation in the proficiency testing event.</p> <p>This STANDARD is not met as evidenced by: Based on the review of College of American Pathologists (CAP) proficiency testing reports and interview with the Laboratory Director and Testing Personnel, the laboratory failed to undertake appropriate steps to investigate and correct (if necessary) when reviewing a CAP proficiency testing report. Findings include: a. The laboratory has been enrolled for toxicology testing with CAP (Drug Monitoring for Pain Management). b. CAP reported (original evaluation: 9/13/2019) for DMPM-06 Oxycodone as Unacceptable. c. The laboratory had no documentation that the above unacceptable proficiency testing result was investigated. d. Testing Personnel affirmed (approximately 12/3/2019, 10:30 A.M.) that the laboratory did not investigate the unacceptable proficiency testing result. e. On 8/13/2019, the laboratory tested the above proficiency testing sample along with approximately 50 other patients.</p>