

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  05D2115911	<b>(X3) Date Survey Completed</b>  03/13/2019
<b>Name of Provider or Supplier</b>  Henry Mayo Newhall Urgent Care	<b>Street Address, City, State</b>  23929 Mcbean Pkwy Ste 102, Valencia, CA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D2121</b>	<p><b>HEMATOLOGY</b> CFR(s): 493.851(a)</p> <p>Failure to attain a score of at least 80 percent of acceptable responses for each analyte in each testing event is unsatisfactory analyte performance for the testing event.</p> <p>This STANDARD is not met as evidenced by: Based on reviews of the third quarter (Q3-2018) of the American Proficiency Institute (API) proficiency testing records, random patient test results, and interview with the laboratory director, it was determined that the laboratory failed to attain a score of at least 80 percent of acceptable responses for each analyte in each testing event. The findings included: a. API reported the following unsatisfactory proficiency testing scores. Analyte: Score: Event/Year: Mono 60% Q3-2018 Abbreviations: Mono= Monocyte b. For eight (8) out of eight (8) random patient test results reviewed covering period from 12/8/2017 to 11/2/2018, the laboratory analyzed and reported White Blood Cells (WBC) Differential which included the above analyte that failed the proficiency testing. c. The laboratory director confirmed (3/13/2019, 1530) that the laboratory received the above unsatisfactory proficiency testing score.</p>
<b>D6019</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(4)(iv)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(iv) Ensure that an approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory.</p>

This STANDARD is not met as evidenced by:  
Based on reviews of the third quarter (Q3-2018) of the American Proficiency Institute (API) proficiency testing records, random patient test results, and interview with the laboratory director, it was determined that the laboratory director failed to ensure that an approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory. See D 2121.