Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	06D2191628	01/24/2025
Name of Provider or Supplier	**Street Address, City, State**	
Urgent Care Lakewood	2616 E 120th Ave, Thornton, CO	

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
D2007	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) (b)(1) The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods. This STANDARD is not met as evidenced by: Based on a review of proficiency testing (PT) records and an interview with testing personnel 1 (TP1), the laboratory failed to test their hematology PT samples from the American Proficiency Institute (API) by all personnel who routinely test patient samples for the three hematology testing events in 2024. Findings include: 1. A review of the API PT documents from Event 1 in 2024, event 2 in 2024, and event 3 in 2024, revealed one of the nine testing personnel (TP) competent to perform hematology testing was performing the PT testing for their hematology samples in 2024. 2. An interview with TP1 on January 24, 2025, at approximately 11:30 AM, confirmed the laboratory failed to rotate the testing of hematology PT samples among the nine testing personnel who are competent to perform normal patient tests in hematology.
D5211	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a) The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part. This STANDARD is not met as evidenced by: Based on a review of proficiency testing (PT) results, and an interview with testing personnel 1 (TP1), the laboratory director failed to review and evaluate PT results

	obtained on American Proficiency Institute (API) PT performed by the laboratory. Findings include: 1. Based on an onsite records review, the laboratory director failed to review or evaluate PT results obtained on API PT performed by the laboratory for the following events: 2024, Hematology, Event 1 2024, Hematology, Event 2 2024, Hematology, Event 3 2. Based on an interview with TP1, on January 24, 2025 at approximately 10:45 AM, confirmed that the laboratory director did not review or evaluate PT results obtained on API PT for the following events: 2024, Hematology, Event 1 2024, Hematology, Event 2 2024, Hematology, Event 3
D5785	CORRECTIVE ACTIONS CFR(s): 493.1282(b)(3) (b)(3) The criteria for proper storage of reagents and specimens, as specified under 493.1252(b), are not met. This STANDARD is not met as evidenced by: Based on a review of the laboratory's refrigerator temperature logs, the laboratory's corrective action log, and an interview with testing personnel 1 (TP1), the laboratory failed to document corrective actions when the laboratory's refrigerator temperature was outside of the specified range. Findings include: 1. A review of the laboratory's refrigerator temperature logs revealed the temperature of the refrigerator was outside of the specified range for: 9 out of 24 days in January 2025 5 out of 30 days in November 2024 10 out of 31 days in October 2024 10 out of 30 days in September 2024 12 out of 31 days in August 2024 12 out of 31 days in July 2024 16 out of 30 days in June 2024 12 out of 31 days in May 2024 13 out of 30 days in April 2024 9 out of 31 days in March 2024 12 out of 29 days in February 2024 9 out of 31 days in January 2024 2. A review of the laboratory's corrective action log revealed the laboratory staff was not documenting corrective actions for days the laboratory's refrigerator was outside of the specified range for: 9 out of 24 days in January 2025 5 out of 30 days in November 2024 10 out of 31 days in October 2024 10 out of 30 days in September 2024 12 out of 31 days in August 2024 12 out of 31 days in July 2024 16 out of 30 days in June 2024 12 out of 31 days in May 2024 13 out of 30 days in April 2024 9 out of 31 days in March 2024 12 out of 29 days in February 2024 9 out of 31 days in January 2024 3. Based on an interview with TP1, on January 24, 2025, at approximately 10:15 AM, confirmed that the laboratory refrigerator was outside of the specified range, and no corrective actions were documented by laboratory personnel for: 9 out of 24 days in January 2025 5 out of 30 days in November 2024 10 out of 31 days in October 2024 10 out of 30 days in September 2024 12 out of 31 days in August 2024 12 out of 31 days in July 2024 16 out of 30 days in June 2024 12 out of 31 days in May 2024 13 out of 30 days in April 2024 9 out of 31 days in March 2024 12 out of 29 days in February 2024 9 out of 31 days in January 2024