Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	13D0520354	11/04/2024
Name of Provider or Supplier	**Street Address, City, State**	
Physicians Immediate Care Pocatello	495 Yellowstone Ave, Pocatello, ID	

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
D0000	During an offsite paper revisit the laboratory was found to be in compliance with CLIA regulations (42 CFR Part 493 effective April 24, 2003.), all previous deficiencies found were corrected.
D2015	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(5)(6) (5) The laboratory must document the handling, preparation, processing, examination, and each step in the testing and reporting of results for all proficiency testing samples. The laboratory must maintain a copy of all records, including a copy of the proficiency testing program report forms used by the laboratory to record proficiency testing results including the attestation statement provided by the PT program, signed by the analyst and the laboratory director, documenting that proficiency testing samples were tested in the same manner as patient specimens, for a minimum of two years from the date of the proficiency testing event. (6) PT is required for only the test system, assay, or examination used as the primary method for patient testing during the PT event. This STANDARD is not met as evidenced by: Based on a review of proficiency testing (PT) documentation from the American Proficiency Institute (API) and an interview with the technical consultant (TC) on 11/4/2024, the laboratory director failed to sign a PT attestation for 2023. The findings include: 1. A review of PT documents for 2023 from API identified that the laboratory director failed to sign the attestation statement for hematology event three. 2. An interview with the TC on 11/4/2024 at 1:50 pm confirmed that the laboratory director failed to sign the attestation statement. 3. The laboratory reports performing 16,235 hematology tests annually.
D5313	SPECIMEN SUBMISSION, HANDLING, AND REFERRAL CFR(s): 493.1242(b)

	The laboratory must document the date and time it receives a specimen. This STANDARD is not met as evidenced by: Based on a review of patient testing, a patient test report and an interview with the technical consultant (TC) on 11/4/2024, the laboratory failed to correctly document the received date on the complete blood count (CBC) test report. The findings include: 1. A review of patient testing for MRN 00775083 on the Sysmex XNL-430 identified a testing date of 12/20/2023 at 21:06. 2. A review of the patient test report (MRN 00775083) with a collection and received date of 12/22/2024 for CBC testing identified that the laboratory failed to input the correct collection and received date. 3. An interview with the TC on 11/4/2024 at 3:48 pm confirmed the above findings. 4. The laboratory reports performing 16,235 hematology tests annually.