Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D0520943	(X3) Date Survey Completed 03/13/2018
Name of Provider or Supplier Obgyn Associates Of Idaho Falls	**Street Address, City, State** 2065 E 17th St #D, Idaho Falls, 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
D5413	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b) The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following: (1) Water quality. (2) Temperature. (3) Humidity. (4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports. This STANDARD is not met as evidenced by: Based on an interview with the laboratory supervisor and a record review, the laboratory failed to monitor and record the room temperature where the VP Affirm used to test patient microbiology specimens, as required by the manufacturer instructions since the last survey on July 13, 2016. Findings: 1. A record review revealed the laboratory failed to document the room temperature of the laboratory where the VP Affirm tests are performed. 2. An interview on March 13, 2018, at 9:45 AM, with the laboratory supervisor, confirmed the laboratory failed to document the room temperature.