

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D0521251	(X3) Date Survey Completed 03/31/2021
Name of Provider or Supplier Adams County Health Center	Street Address, City, State 205 N Berkley St, Council, 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
D5291	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's procedure manual and an interview with testing person 1(TP1) on 03/31/2021, the laboratory failed to establish and follow a written procedure for an ongoing mechanism to monitor, assess, and when indicated, correct problems identified by the laboratory. The findings include: 1. A review of the laboratory's procedure manual revealed that the laboratory failed to have a written procedure for quality assessment to establish an ongoing review process to monitor, assess, and correct problems identified in the laboratory. 2. An interview with TP1 on 03/31/2021 at 10:30 AM confirmed that the laboratory did not have a written procedure for quality assessment or a mechanism to monitor, assess, and correct problems identified by the laboratory. 3. The laboratory reports performing 2,500 waived tests annually, and 720 moderate complexity hematology tests annually.</p>