Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	13D0522125	01/11/2018
Name of Provider or Supplier	**Street Address, City, State**	
Coeur D'Alene Pediatrics Pa	700 W Ironwood Dr Ste 155, Coeur D'Alene, 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
D5221	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d) All proficiency testing evaluation and verification activities must be documented. This STANDARD is not met as evidenced by: Based on proficiency testing (PT) records and an interview with the nursing manager, the laboratory failed to achieve a satisfactory score and document remedial actions and /or corrective actions for the following PT tests since the last survey on June 2, 2016. A. The presumptive growth or no growth for urine culture for the 2016 event 3 proficiency testing (PT) from Wisconsin State Laboratory of Hygiene (WSLH). B. The presumptive growth or no growth for throat culture for the 2016 event 1 proficiency testing (PT) from Wisconsin State Laboratory of Hygiene (WSLH). Findings: 1. A WSLH PT records review revealed the laboratory failed to document the corrective actions for the urine culture sample, TU-16 score of 66 percent, for the 2016 event 3, and the throat culture, TU-4 score of 50 percent, for the 2016 event 1. 2. An interview on January 11, 2018 at 10:00 A.M., with the nurse manager, confirmed the laboratory did not document the corrective actions for either of the failed culture tests.
D5793	ANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1289(b)(c) (b) The analytic systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of analytic systems quality assessment reviews with appropriate staff. (c) The laboratory must document all analytic systems assessment activities.

	This STANDARD is not met as evidenced by: Based on records review and an interview with the nurse manager, the laboratory failed to evaluate the effectiveness of the laboratory's Individualized Quality Control Plan (IQCP) for Taxo A discs and Tryptic Soy Agar with 5% Sheep Blood (TSA w /5% SB) used in the testing of throat cultures and Uricult Urine dip slides used to test urine cultures since the last survey on June 2, 2016. Findings: 1. A review of quality control records revealed the lab failed to show documentation of review that the quality control was being performed according to the IQCPs for the Taxo A discs, TSA w/5% SB, and Uricults. 2. An interview on January 11, 2018 at 11:15 AM, with the nurse manager, confirmed the laboratory failed to have a system to review quality control and the effectiveness of the IQCPs.
D5805	TEST REPORT CFR(s): 493.1291(c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability. This STANDARD is not met as evidenced by: Based on patient report review and an interview with the nurse manager, the laboratory failed to include the address of the laboratory location where the tests for throat cultures and urine cultures were being performed since the last survey on June 2, 2016. Findings: 1. A review patient reports for throat and urine cultures revealed the reports failed to include the address of the laboratory location where the tests were being performed. 2. An interview on January 11, 2018, with the nurse manager, confirmed the address of the laboratory location was not included on the patient's reports.