Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D0870961	(X3) Date Survey Completed 12/10/2025
Name of Provider or Supplier Hayden Lake Family Physicians	**Street Address, City, State** 8181 N Cornerstone Dr, Hayden Lake, 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
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) (b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods. This STANDARD is not met as evidenced by: Based on a review of proficiency testing (PT) documentation from the American Association of Bioanalysts (AAB) and an interview with the laboratory lead on 12/10/2025, the laboratory failed to have the laboratory director attest to the integration of PT samples with routine testing of patient samples in 2024 and 2025. The findings include: 1. A review of PT results from AAB for 2024 identified that the laboratory failed to have the laboratory director attest that the PT samples were tested with patient samples for events two and three for non-chemistry. 2. A review of PT results from AAB for 2025 identified that the laboratory failed to have the laboratory director attest that the PT samples were tested with patient samples for three of three events for non-chemistry. 3. An interview with the laboratory lead on 12/10/2025 at 9:16 am confirmed the above findings. 4. The laboratory reports performing 21,852 hematology tests annually.
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) documentation from the American

	Association of Bioanalysts (AAB), and an interview with the laboratory lead on 12/10 /2025, the laboratory director failed to review PT results in 2024 and 2025. The findings include: 1. A review of PT documents for 2024 from AAB identified that the laboratory director failed to review graded results for non-chemistry events one, two and three. 2. A review of PT documents for 2025 from AAB identified that the laboratory director failed to review graded results for non-chemistry events one, two and three. 3. An interview with the laboratory lead on 12/10/2025 at 9:16 am confirmed that the laboratory director failed review the above PT results. 4. The laboratory reports performing 21,852 hematology tests annually.