Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	13D1028524	06/24/2022
Name of Provider or Supplier	**Street Address, City, State**	
Upper Valley Family Medicine	711 Rigby Lake Dr #1500, Rigby, 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
D3031	RETENTION REQUIREMENTS CFR(s): 493.1105(a)(3) Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years. This STANDARD is not met as evidenced by: Based on a record review of quality control (QC) records for hematology and an interview with the technical consultant (TC) on 6/24/2022, the laboratory failed to retain QC results for two years. The findings include: 1. A review of hematology QC documents identified that the laboratory failed to retain hematology QC results prior to January 1, 2022. 2. An interview with the TC on 6/24/2022 at 11:40 am confirmed the laboratory failed to retain hematology QC results prior to January 1, 2022. 3. The laboratory reports performing 16,015 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 and an interview with the technical consultant (TC) on 6/24/2022, the laboratory failed to document the review of PT results for the specialty of hematology. The findings include: 1. A review of PT results for the specialty of hematology from the American Association of Bioanalysts identified that the laboratory failed to document the review and evaluation of PT results by the laboratory director for events 1,2 and 3 in 2021 and

	event 1 in 2022. 2. An interview with the TC on 6/24/2022 at 11:10 am confirmed that the laboratory director failed to review and evaluate PT results for hematology. 3. The laboratory reports performing 16,015 hematology tests annually.