

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D1046008	(X3) Date Survey Completed 11/30/2021
Name of Provider or Supplier Ip Twin Falls 1	Street Address, City, State 358 Cheney Dr W Ste 102, Twin 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
D2007	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods</p> <p>This STANDARD is not met as evidenced by: Based on a record review of proficiency testing (PT) and biannual verification (BV) from the American Proficiency Institute (API), the Centers for Medicare and Medicaid Services(CMS) 209 personnel form, competency assessments and an interview with the Laboratory Director on 11/30/2021, the laboratory failed to ensure PT samples were analyzed by all the testing personnel who have performed laboratory testing since the last inspection. The findings include: 1. A review of the CMS 209 and competency assessments identified two (2) testing personnel performing all moderate complexity testing at the facility. 2. A review of PT records from API for chemistry core and hematology/coagulation for 2020 events two and three and 2021 events one, two and three identified that testing person 1 (TP1) performed all PT events for 2020 and 2021. The laboratory failed to have one (1) of two (2) testing personnel who perform chemistry, hematology and coagulation testing perform PT testing in 2020 and 2021. 3. A review of BV records from API for chemistry miscellaneous for 2020 event two and 2021 events one and two identified that testing person 1 (TP1) performed all BV testing. A review of BV records from API for microbiology for 2020 and 2021 events two and three identified that TP1 performed all BV testing. The laboratory failed to have one (1) of two (2) testing personnel who perform microbiology and chemistry testing perform BV testing in 2020 and 2021. 4. An interview with the Laboratory Director on 11/30/2021 at 10:01 am confirmed that TP1 performed all the PT and BV testing for 2020 and 2021. 5. The laboratory reports performing 250,485 tests annually.</p>

D5407

PROCEDURE MANUAL

CFR(s): 493.1251(d)

Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.

This STANDARD is not met as evidenced by:

Based on review of laboratory policies and procedures and an interview with the Laboratory Director on 11/30/2021, the Laboratory Director failed to approve, sign and date 49 laboratory policies and procedures. The findings include: 1. A record review of laboratory policies and procedures stored electronically on Sharepoint, identified that the laboratory has 29 chemistry procedures, 19 hematology and coagulation procedures, and two (2) microbiology procedures. The Laboratory Director failed to approve, sign and date 29 of 29 chemistry procedures, 18 of 19 hematology and coagulation procedures and two (2) of two (2) microbiology procedures. 2. An interview with the Laboratory Director on 11/30/2021 at 12:33 pm, confirmed that the Laboratory Director has not approved, signed and dated 49 of the laboratory policies and procedures. 3. The laboratory reports performing 250,485 moderate complexity tests annually.