

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D2100790	(X3) Date Survey Completed 07/16/2021
Name of Provider or Supplier Upper Valley Community Health Services	Street Address, City, State 72 S 1st E, Rexburg, 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
D2003	<p>ENROLLMENT CFR(s): 493.801(a)(2)(ii)</p> <p>For those tests performed by the laboratory that are not included in subpart I of this part, a laboratory must establish and maintain the accuracy of its testing procedures, in accordance with 493.1236(c)(1)</p> <p>This STANDARD is not met as evidenced by: Based on a review of proficiency testing (PT) records from American Academy of Family Physicians (AAFP), the CASPER 96D report and an interview with the office manager on 7/16/2021, the laboratory failed to enroll in proficiency testing to verify the accuracy for the analytes urine albumin, urine creatinine and albumin creatinine ratio. The findings include: 1. A review of proficiency testing records from AAFP and the CASPER 96D identified that the laboratory failed to verify the accuracy of the analytes urine albumin, urine creatinine and albumin creatinine ratio performed on the Afinion 2 for 2019, 2020 and 2021. 2. An interview with the office manager on 7/16 /2021 at 9:50 am confirmed that the laboratory failed to enroll and participate in PT for the analytes urine albumin, urine creatinine and albumin creatinine ratio for 2019, 2020 and 2021. 3. The laboratory reports performing 150 albumin, creatinine and albumin creatinine ratio tests annually.</p>