

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  13D2184104	<b>(X3) Date Survey Completed</b>  09/10/2024
<b>Name of Provider or Supplier</b>  Sterling Urgent Care	<b>Street Address, City, State</b>  7017 South Daisy Ln, Idaho Falls, ID	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5781</b>	<p><b>CORRECTIVE ACTIONS</b> CFR(s): 493.1282(b)(1)</p> <p>(b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(1) Test systems do not meet the laboratory's verified or established performance specifications, as determined in 493.1253(b), which include but are not limited to-- (b)(1)(i) Equipment or methodologies that perform outside of established operating parameters or performance specifications; (b)(1)(ii) Patient test values that are outside of the laboratory's reportable range of test results for the test system; and (b)(1)(iii) When the laboratory determines that the reference intervals (normal values) for a test procedure are inappropriate for the laboratory's patient population.</p> <p>This STANDARD is not met as evidenced by: Based on review of temperature logs and an interview with the laboratory manager on 9/10/2024, the laboratory failed to document corrective actions when freezer temperatures were out of the established range in 2024. The findings include: 1. A review of the laboratory temperature logs for 2023 and 2024 identified that the laboratory failed to document corrective actions for 9 of 30 days in April 2024 when the freezer temperature was out of the established range of less than or equal to -20 C. 2. An interview with the laboratory manager on 9/10/2024 at 2:40 pm confirmed the above finding. 4. The laboratory reports performing 865 tests annually.</p>