

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  13D2275110	<b>(X3) Date Survey Completed</b>  03/10/2025
<b>Name of Provider or Supplier</b>  Sterling Urgent Care	<b>Street Address, City, State</b>  900 Highway 41 Ste 2 & 3, Post 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>D5407</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>(d) Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures and an interview with the laboratory supervisor on 3/10/2025, the Laboratory Director failed to approve, sign and date the laboratory policies and procedures. The findings include: 1. A record review of laboratory policies and procedures identified that the Laboratory Director failed to approve, sign and date laboratory policies and procedures since becoming the Laboratory Director on 6/21/2024. 2. An interview with the laboratory supervisor on 3/10/2025 at 2:11 pm, confirmed that the Laboratory Director has not approved, signed or dated the laboratory policies and procedures. 3. The laboratory reports performing 510 tests annually.</p>