Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	14D2049789	07/01/2022
Name of Provider or Supplier	**Street Address, City, State**	
Advanced Urgent Care	10 Orland Square Dr, Orland Park, IL	

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	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) 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 This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to ensure five of six testing personnel (TP) who routinely perform Chemistry testing participate in proficiency testing (PT) events during the years of 2021 through 2022. Findings include: 1. The laboratory procedures manual, Laboratory Personnel Report (CMS209), patients' test logs, and American Associates of Bioanalysts (AAB) PT documents for the years of 2021 through 2022 were reviewed. 2. The laboratory's PT policy and procedures and AAB-PT program instructions revealed the requirement for TP who routinely perform patient testing to participate in PT sample testing. 3. The laboratory participated in 6 PT events during the years of 2021 through 2022. The PT documents revealed 6 of 6 PT events were performed by TP2. 4. CMS-209 and test logs showed 6 TP were performing routine Chemistry testing. 5. The laboratory director confirmed the above findings on July 1, 2022 at 11:10 AM.
D5445	CONTROL PROCEDURES CFR(s): 493.1256(d)(1)(2)(g) Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must--(d)(1) Perform control procedures as defined in this section unless otherwise specified in the additional specialty and subspecialty requirements at 493.1261 through 493.1278. (d)(2) For each test system, perform control procedures using the number and frequency specified by the manufacturer or established by the laboratory when

	they meet or exceed the requirements in paragraph (d)(3) of this section. (g) The laboratory must document all control procedures performed. This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to perform control procedures using the number and frequency established by the laboratory for Brain natriuretic peptide (BNP) testing for five of fourteen months, affecting 21 patients' tests. Findings Include: 1. The laboratory's policies and procedures manual, quality control (QC) logs from the month of May 2021 through May of 2022, Individual quality control plan (IQCP) and patients' electronic medical records (EMR) were reviewed. 2. The laboratory's IQCP for BNP testing revealed the following requirement: *Perform liquid QC testing every 30 days and with each new lot. 3. The QC records showed the laboratory failed to perform QC procedures during the months of July, August, September and November of 2021, and April of 2022. 4. 21 patients were tested during the period QC procedures were not performed. 5. The laboratory director confirmed the above findings on July 1, 2022 at 11:10 AM.