Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	14D2049789	06/12/2025
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
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) (b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods. This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures, American Association of Bioanalysts Medical Laboratory Evaluation (AAB-MLE) proficiency testing (PT) records, lack of documentation, and interview with the laboratory director (LD); the laboratory failed to attest to the routine integration of PT samples into the patient workload for six of seven PT events testing in the subspecialty of routine chemistry in the years of 2023,2024, and 2025. Findings include: 1. Review of laboratory policies and procedures revealed the policy titled, "Proficiency Testing Program", which indicated, in the section labeled "II. Policy", that "11. Attestation statement is signed by the laboratory director or qualified designee and all individuals involved in the testing process." 2. Review of AAB-MLE PT records found attestation statements lacked signatures for testing in routine chemistry for six of seven events reviewed in the years of 2023, 2024 and 2025. Event: Year: 2 2023 3 2023 1 2024 3 2024 1 2025 2 2025 3. Interview with the LD on 06/12/2025, at 10:20 pm, confirmed the laboratory failed to attest to the routine integration of PT samples into the patient workload for six of seven PT events reviewed for routine chemistry testing in the years of 2023, 2024, and 2025.
D5787	TEST RECORDS CFR(s): 493.1283(a) (a) The laboratory must maintain an information or record system that includes the following: (a)(1) The positive identification of the specimen. (a)(2) The date and time

	of specimen receipt into the laboratory. (a)(3) The condition and disposition of specimens that do not meet the laboratory's criteria for specimen acceptability. (a)(4) The records and dates of all specimen testing, including the identity of the personnel who performed the test(s). This STANDARD is not met as evidenced by: Based on review of laboratory records, patient test reports, and interview with the laboratory director (LD), the laboratory failed to maintain records that included the identity of the personnel who performed patient specimen testing for three of six patient testing dates reviewed in the subspeciality of routine chemistry. Findings include: 1. Review of laboratory records and patient test reports revealed the laboratory failed to identify who performed patient testing on three of six testing dates reviewed. Date: Patient Account #: 10/31/2023 208941 11/17/2023 220936 01/01 /2025 226242 2. Interview with the LD on 06/12/2025, at 10:20 am, confirmed the laboratory failed to maintain records that included the identity of the personnel who performed patient specimen testing.