

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 15D0939313	(X3) Date Survey Completed 07/25/2018
Name of Provider or Supplier Marion Pediatrics Llc	Street Address, City, State 1411 W Bella Drive, Marion, IN	
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
D3037	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(4)</p> <p>Proficiency testing records. Retain all proficiency testing records for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to maintain a copy(s) of the attestation statement and instrument printouts for one of three proficiency testing events reviewed (Event 3/2017) for Hematology testing (CBC-Complete Blood Count). Findings Include: 1) Review of Event 3/2017 proficiency testing documentation, indicated none was available for the attestation statement and instrument printouts. 2) Medical record review indicated Patients #s 7-9 (PT7-PT9) had CBC testing performed during Event 3/2017 on the following dates: PT-7=12-18-17 PT-8=11-2-17 PT-9=10-9-17 3) In interview on 7/25/18 at 3:20pm and 3:24 pm, SP-1 (staff person #1) confirmed the laboratory failed to maintain a copy(s) of the attestation statement and instrument printouts for Event 3/2017.</p>