

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  15D1069024	<b>(X3) Date Survey Completed</b>  05/05/2021
<b>Name of Provider or Supplier</b>  American Health Network Of In, Llc	<b>Street Address, City, State</b>  8301 Harcourt Rd #205, Indianapolis, IN	
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>D5293</b>	<p><b>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT</b> CFR(s): 493.1239(b)(c)</p> <p>(b) The general laboratory systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of general laboratory systems quality assessment reviews with appropriate staff. (c) The laboratory must document all general laboratory systems quality assessment activities.</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview the laboratory failed to follow their policy and document monthly review of data for quality assessment for one of two years reviewed, 2020. Findings include: 1) Review of policy titled, "G20.10 Laboratory Quality Assurance Plan," dated/signed on 12/12/14, read on page two of three, "...2. The effectiveness of the plan will be evaluated by a monthly review of data..." 2) Medical record review indicated the following patients had laboratory testing performed in 2020 (PTs #1-5): PT#=patient number PT=prothrombin time PT#1 1/24/20 PT=35.0 seconds PT#2 2/26/20 PT=63.1 seconds PT#3 3/12/20 PT=11.7 seconds PT#4 4/24/20 PT=21.1 seconds PT#5 5/18/20 PT=18.3 seconds 3) In interview on 5/5/21 at 12:42 pm, SP-1 confirmed there was no quality assessment documentation available for review in 2020. 4) Annual test volume=66,036.</p>