

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D0382576	(X3) Date Survey Completed 04/07/2021
Name of Provider or Supplier Mercyone Ankeny Clinics	Street Address, City, State 800 East First Street, Suite 1700, Ankeny, IA	
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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on review of the Laboratory Test List & Annual Volume Form, proficiency testing (PT) records and confirmed by laboratory personnel identifier #1 (refer to the Laboratory Personnel Report) at approximately 1:30 pm on 4/7/2021, the laboratory failed to verify the accuracy at least twice annually for three out of three time periods (1/1/2020 - 4/7/2021) for the analyte, glycated hemoglobin. The finding include: 1. The Laboratory Test List & Annual Volume form included the analyte, glycated hemoglobin. 2. Review of the PT records from 2020 and 2021 revealed the laboratory did not perform PT for the analyte, glycated hemoglobin. 3. At the time of the survey, the laboratory did not have additional records indicating the twice annual verification of accuracy for the analyte, glycated hemoglobin from 1/1/2020 - 4/7/2021.</p>