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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 16D0382881 | (X3) Date Survey Completed 02/26/2024 |
| Name of Provider or Supplier Infinity Health | Street Address, City, State 802 East Ackerly Street, Lamoni, 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 |
|---------------------------|---|
| D2009 | <p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on review of proficiency testing (PT) records and confirmed by laboratory personnel identifier #2 (refer to the Laboratory Personnel Report) at 1:42 pm on 02/26/2024, the laboratory director and testing personnel failed to attest to the routine integration of PT samples into the patient workload for three out of six PT events from 01/01/2022 - 12/31/2023. The findings include: 1. For 2022 events 2 and 3, the laboratory director did not sign the hematology/coagulation PT attestation statements. 3. For 2023 event 1, the laboratory director and testing personnel did not sign the the hematology/coagulation PT attestation statement.</p> |