

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D0385083	(X3) Date Survey Completed 08/21/2024
Name of Provider or Supplier Floyd Valley Healthcare	Street Address, City, State 714 Lincoln Street Ne, Le Mars, 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
D3031	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(3)</p> <p>Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on lack of Anti-Xa calibration records, review of coagulation records and confirmed by laboratory personnel identifier #1 (refer to the Laboratory Personnel Report) at 2:30 pm on 8/21/2024, the laboratory failed to retain the Anti-Xa calibration records for three out of four calibrations performed from 1/1/2023 - 8/21/2024. The findings include: 1. The laboratory performed Anti-Xa calibrations on the following dates: 6/2/2023, 12/29/23, 1/17/2024 and 6/17/2024. 2. At the time of the survey, the laboratory did not retain the Anti-Xa calibration records for the calibrations performed on 6/2/2023, 12/29/2023, and 1/17/2024.</p>