

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D0385099	(X3) Date Survey Completed 05/16/2018
Name of Provider or Supplier Burgess Family Clinic-Mapleton	Street Address, City, State 513 S Muckey Street, Mapleton, 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 approximately 2:45 pm on 5/16/2018; the testing personnel and laboratory director failed to attest to the routine integration of PT samples into the patient workload for three out of four proficiency testing events (2017 events one, two and three). The findings include: 1. For 2017 testing event 1, the laboratory director did not sign the hematology PT attestation statement. 2. For 2017 testing event 2, the testing personnel and laboratory director did not sign the hematology PT attestation statement. 3. For 2017 testing event 3, the laboratory director did not sign the hematology PT attestation statement.</p>