

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D0386152	(X3) Date Survey Completed 04/11/2024
Name of Provider or Supplier Medical Associates Clinic, Pc- East Campus	Street Address, City, State 1000 Langworthy Street, Dubuque, 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 #1 (refer to the Laboratory Personnel Report) at 11:08 am on 04/11/2024, the laboratory director failed to attest to the routine integration of PT samples into the patient workload for two out of seven PT events from 01/01/2022 - 04/11/2024. The findings include: 1. For 2022 event 2, the laboratory director did not sign the core chemistry and immunology/immunohematology PT attestation statements. 3. For 2023 event 3, the laboratory director and testing personnel did not sign the the immunology/immunohematology PT attestation statement.</p>