Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 16D0669352	**(X3) Date Survey Completed** 08/05/2021
Name of Provider or Supplier Planned Parenthood Iowa City Health Center	**Street Address, City, State** 850 Orchard Street, Iowa City, 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	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) 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. This STANDARD is not met as evidenced by: Based on review of proficiency testing (PT) records and confirmed by laboratory personnel identifier #4 (refer to the Laboratory Personnel Report) at approximately 10: 15 am on 08/05/2021, the laboratory director and testing personnel failed to attest to the routine integration of PT samples into the patient workload for two out of five proficiency testing events (2020 events 1 and 3) from 1/1/2020 - 08/05/2021. The findings include: 1. For 2020 event 1, the laboratory director and testing personnel did not sign the immunology/immunohematology PT attestation statement. 2. For 2020 event 3, the laboratory director did not sign the immunology/immunohematology PT attestation statement. THIS IS A REPEAT DEFICIENCY CITED ON 06/22/2017 and 06/27/2019.