

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D1085639	(X3) Date Survey Completed 03/29/2018
Name of Provider or Supplier Des Moines Pediatric & Adolescent Clinic	Street Address, City, State 2785 North Ankeny Boulevard, Suite 28, Ankeny, 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
D6021	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(5)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(5) Ensure that quality assessment programs are established and maintained to assure the quality of laboratory services provided.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's quality assessment policy and records and confirmed by laboratory personnel identifiers #3 and #4 (refer to the Laboratory Personnel Report) at approximately 4:00 pm on 03/29/2018, the laboratory director failed to ensure that the quality assessment policy established specific quality assessment activities and a frequency for monitoring these activities. The findings include: 1. Laboratory personnel identifiers #3 and #4 stated that the laboratory intended to perform five patient chart audits every six months. Personnel identifiers #3 and #4 also confirmed that the laboratory's quality assessment policy did not specifically establish that the laboratory would perform patient chart audits or the frequency with which it would perform them. 2. Review of quality assessment records indicated that the laboratory performed five patient chart audits every six months (April and October) in 2015. At the time of the survey, personnel identifiers #3 and #4 confirmed that the laboratory did not perform chart audits every six months in 2016 and 2017.</p>