Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0898265	(X3) Date Survey Completed 02/23/2023
Name of Provider or Supplier Wichita Urology Group West	**Street Address, City, State** 7570 West 21st Street Suite 1014a, Wichita, KS	
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
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part. This STANDARD is not met as evidenced by: Based on the lack of documentation of accuracy checks from 1/1/22 to 2/23/23 and interview with testing personnel (TP) #1, the laboratory failed to establish means to verify the accuracy of urine sediment and post vasectomy semen testing twice a year for 2022 and to date of survey 2023. Findings: 1. Request was made for documentation of accuracy checks for urine sediment and post vasectomy semen testing during 2022, and 2023. No documentation for this request was made available at the time of survey. 2. Interview with TP #1 on 2/23/23 at 8:15 a.m. confirmed, the laboratory failed to establish means to verify the accuracy of urine sediment and post vasectomy semen testing twice a year for 2022 and to date of survey 2023.