

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D0399870	(X3) Date Survey Completed 05/17/2018
Name of Provider or Supplier Metropolitan Pediatrics	Street Address, City, State 14050 Nicollet Ave Suite 300, Burnsville, MN	
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
D3037	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(4)</p> <p>Proficiency testing records. Retain all proficiency testing records for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: . Based on document review and interview with laboratory personnel, the laboratory failed to retain proficiency testing records for at least 2 years. Findings are as follows: 1. The laboratory performed Hematology, Urinalysis, and Microbiology testing as confirmed by the General Supervisor (GS) during a tour of the laboratory on 5/17/18 at 9:05 a.m. 2. The laboratory performed Proficiency Testing (PT) using American Proficiency Institute (API) as the provider. 3. The API PT results were missing the Attestation Statements for the following PT Events: 2017 Microbiology 1st Event 2017 Hematology / Coagulation 2nd Event 2018 Hematology / Coagulation 1st Event 4. The laboratory was unable to provide the missing documentation upon request. 5. In an interview at 11:00 a.m. on 5/17/18, the GS confirmed the above findings. .</p>