

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D0401213	(X3) Date Survey Completed 09/02/2021
Name of Provider or Supplier Pediatric Services, Pa	Street Address, City, State 4700 Park Glen Road, Saint Louis Park, 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
D5211	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a)</p> <p>The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.</p> <p>This STANDARD is not met as evidenced by: . Based on document review and interview with laboratory personnel, the laboratory failed to investigate unacceptable Hematology proficiency testing (PT) results for 4 analytes in 2021. Findings are as follows: 1. The laboratory performed Hematology testing as confirmed by Testing Personnel 1 (TP1) during a tour of the laboratory at 9:05 a.m. on 09/02/21. 2. The laboratory performed PT using the College of American Pathologists (CAP) program. 3. The laboratory received 4 unacceptable PT results for 1 of 5 PT challenges completed for the 2021 Hematology 1st event (FH2-A). See below. Sample Test FH2-04 Red Blood Cell Count FH2-04 Hematocrit FH2-04 Granulocyte % FH2-04 Lymphocyte % 4. Investigation of unacceptable PT results was required as established in the Proficiency Testing procedure located in the Technical Procedure Manual. 5. Investigation of the unacceptable PT results was not found during review of laboratory records. The laboratory was unable to provide investigation documentation upon request. 6. In an interview at 10:00 a.m. on 09/02/21, TP1 confirmed the above finding. .</p>