

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D0403111	(X3) Date Survey Completed 11/16/2021
Name of Provider or Supplier Arthritis And Rheumatology Consultants Pa	Street Address, City, State 7600 France Ave S, Suite 5100, Edina, 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
D5807	<p>TEST REPORT CFR(s): 493.1291(d)</p> <p>Pertinent "reference intervals" or "normal" values, as determined by the laboratory performing the tests, must be available to the authorized person who ordered the tests and, if applicable, the individual responsible for using the test results.</p> <p>This STANDARD is not met as evidenced by:</p> <p>. Based on observation, document review, and interview with laboratory personnel, the laboratory failed to ensure 1 of 10 reference intervals were consistent between a Hematology procedure and a patient test report. Findings are as follows: 1. The laboratory performed Hematology testing as confirmed by Testing Personnel 1 (TP1) during a tour of the laboratory at 9:10 a.m. on 11/16/21. 2. A Horiba Pentra 60 c+ hematology analyzer was observed as present and available for use during the tour. 3. Reference intervals listed in the Normal Ranges, Panic or Critical Values SOP, located in the Lab Policies and Procedures manual, for the following analyte was not consistent with those included on a patient test report reviewed on date of survey as indicated below. * Hemoglobin (HGB) Patient: Adult female, 68 years old, tested on 10/11/21 Analyte* Procedure Report HGB 11.5 - 18.0 11.5 - 16.0 4. In an interview at 12:50 p.m. on 11/16/21, TP1 confirmed the above finding. NOTE: This is a repeat citation from the 01/03/20 survey. .</p>