

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D0662972	(X3) Date Survey Completed 09/18/2019
Name of Provider or Supplier Mapleton Family Medicine Clinic	Street Address, City, State 305 Main St Ne, Mapleton, 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 an unacceptable Hematology proficiency testing (PT) result for 1 analyte in 2018. Findings are as follows: 1. The laboratory performed Hematology testing as confirmed by Technical Consultant 1 (TC1) during a tour of the laboratory at 1:05 p.m. on 09/18/19. 2. The laboratory performed PT using the College of American Pathologists (CAP) program. 3. The laboratory received an unacceptable Hematocrit (HCT) PT result in the CAP HE-C 2018 Basic Hematology event. See below. Sample Test Lab result CAP range HE-15 HCT 19.40 17.10-19.29 4. Investigation of unacceptable PT results was required as established in the Proficiency Testing Procedure located in the laboratory's Quality Assurance manual. 5. An investigation of the unacceptable PT result was not found during review of laboratory records. The laboratory was unable to provide investigation documentation upon request. 6. In an interview at 2:20 p.m. on 09/18/19, TC1 confirmed the above finding.</p>