

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D0978828	(X3) Date Survey Completed 04/23/2026
Name of Provider or Supplier Eagan Valley Pediatrics	Street Address, City, State 14135 Cedar Ave, Apple Valley, 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
D0000	. The Eagan Valley Pediatrics laboratory was found to be out of compliance with the regulations of the Clinical Laboratory Improvement Amendments of 1988 (42 C.F.R. part 493) upon completion of the recertification survey performed on April 23, 2026. The following standard-level deficiencies were cited: 493.1282 Corrective actions 493.1407 Laboratory director responsibilities 493.1413 Technical consultant responsibilities .
D5781	<p>CORRECTIVE ACTIONS CFR(s): 493.1282(b)(1)</p> <p>(b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(1) Test systems do not meet the laboratory's verified or established performance specifications, as determined in 493.1253(b), which include but are not limited to-- (b)(1)(i) Equipment or methodologies that perform outside of established operating parameters or performance specifications; (b)(1)(ii) Patient test values that are outside of the laboratory's reportable range of test results for the test system; and (b)(1)(iii) When the laboratory determines that the reference intervals (normal values) for a test procedure are inappropriate for the laboratory's patient population.</p> <p>This STANDARD is not met as evidenced by: . Based on document review and interview with laboratory personnel, the laboratory failed to ensure corrective actions were taken when ambient temperatures fell outside the established parameters in 2024 and 2025. Findings are as follows: 1. The laboratory performed Hematology testing as confirmed by the Laboratory Manager during a tour of the laboratory at 11:45 a.m. on 4/23/26. 2. The laboratory was required to document corrective action for out of range temperatures twice daily as defined in the Reading Temperatures Daily procedure and Temperature Failure Plan established in the Eagan Valley Pediatrics Policies and Procedures reviewed on the date of survey. 3. The ambient temperature was outside the established temperature</p>

range for 57 of 65 testing days in 2024 and 39 of 64 testing days in 2025 reviewed on the date of survey. 4. Documentation of corrective action was not included on the Temperature Logs found in the 2024 and 2025 log books reviewed on the date of survey. 5. In an interview at 3:28 p.m. on 4/23/26, the Laboratory Manager confirmed the above findings. .

D6029

LABORATORY DIRECTOR RESPONSIBILITIES
CFR(s): 493.1407(e)(11)

(e)(11) Ensure that prior to testing patients specimens, all personnel have the appropriate education and experience, receive the appropriate training for the type and complexity of the services offered, and have demonstrated that they can perform all testing operations reliably to provide and report accurate results;

This STANDARD is not met as evidenced by:
. Based on observation, document review, and interview with laboratory personnel, the Laboratory Director failed to ensure initial training was performed and documented for one of two testing personnel hired in 2024. Findings are as follows: 1. The laboratory performed moderate complexity Hematology testing as confirmed by the Laboratory Manager during a tour of the laboratory at 11:45 a.m. on 4/23/26. 2. A Sysmex KX-21 N analyzer was observed as present and available for use for Hematology testing on patient samples during the tour. 3. The laboratory was required to perform initial training for new testing personnel as defined in the Personnel Training and Qualifications procedure found in the Eagan Valley Pediatrics Policies and Procedures binder provided by the laboratory on the date of survey. 4. Initial training documentation for TP3, hired on 10/30/24, was not found during review of laboratory personnel records. The laboratory was unable to provide the missing documentation upon request. 5. In an interview at 1:14 p.m. on 4/23/26, the Laboratory Manager confirmed the above findings. .

D6053

TECHNICAL CONSULTANT RESPONSIBILITIES
CFR(s): 493.1413(b)(9)

(b)(9) Evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens.

This STANDARD is not met as evidenced by:
. Based on observation, document review, and interview with laboratory personnel, the Technical Consultant failed to assess competency at least semiannually during the first year of patient specimen testing for one of two testing personnel hired in 2024. Findings are as follows: 1. The laboratory performed moderate complexity Hematology testing as confirmed by the Laboratory Manager during a tour of the laboratory at 11:45 a.m. on 4/23/26. 2. A Sysmex KX-21 N analyzer was observed as present and available for use for Hematology testing on patient samples during the tour. 3. The laboratory was required to perform competency assessments for new testing personnel semiannually in the first year of employment, as defined in the Personnel Training and Qualifications procedure found in the Eagan Valley Pediatrics Policies and Procedures binder provided by the laboratory on the date of survey. 4. TP5, hired on 10/24/24, completed initial competency assessment for Hematology testing on 1/30/25 as indicated in the New Employee Training documents. 5.

Semiannual competency assessment documentation for TP5 was not found during review of laboratory personnel records. The laboratory was unable to provide the missing competency assessment upon request. 5. In an interview at 1:14 p.m. on 4/23/26, the Laboratory Manager confirmed the above findings. .