

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 35D0669946	(X3) Date Survey Completed 11/23/2020
Name of Provider or Supplier Ashley Medical Center	Street Address, City, State 612 Center Ave N, Ashley, ND	
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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on record review, staff interview, and policy review, the laboratory failed to twice annually verify the accuracy of 1 of 1 non-regulated microscopy analyte (urine sediment) in 2019. The laboratory performed approximately 330 urine sediment patient tests in 2019. Findings include: 1. Reviewed at approximately 11:00 a.m. on 11/23/20, the laboratory's test menu listed urine sediment microscopy available for patient testing. 2. Reviewed at approximately 11:00 a.m. on 11/23/20, the 2019 proficiency testing records indicated the laboratory did not participate in proficiency testing for urine sediment microscopy. 3. Upon request on 11/23/20, the laboratory failed to provide evidence of twice annual accuracy verification for urine sediment microscopy in 2019. 4. During interview at 12:30 p.m. on 11/23/20, the laboratory manager (Personnel #1) confirmed the laboratory performed urine sediment microscopy patient testing and did not twice annually verify the accuracy in 2019. 5. Reviewed at 4:30 p.m. on 11/23/20, the policy "Proficiency Testing (PT) / (3) Sets Performed/Year," dated 08-2006, stated, ". . . (3) Five (5) PT samples are sent for each analyte done in the laboratory. . . ."</p>