

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D0970508	(X3) Date Survey Completed 03/28/2018
Name of Provider or Supplier Valley Immediate Care Llc	Street Address, City, State 1600 Delta Waters Road Suite #107, Medford, OR	
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
D2128	<p>HEMATOLOGY CFR(s): 493.851(e)</p> <p>(1) For any unsatisfactory analyte or test performance or testing event for reasons other than a failure to participate, the laboratory must undertake appropriate training and employ the technical assistance necessary to correct problems associated with a proficiency testing failure. (2) For any unacceptable analyte or testing event score, remedial action must be taken and documented, and the documentation must be maintained by the laboratory for two years from the date of participation in the proficiency testing event.</p> <p>This STANDARD is not met as evidenced by: Review of proficiency testing records and discussion with the staff the laboratory failed to document corrective action of unacceptable analyte of the American Academy of Family Physicians (AAFP) proficiency testing . Findings include: 1. The surveyor reviewed the AAFP proficiency testing for the 2nd event of 2017 and the laboratory had 2 out 5 results for hematocrit that are unacceptable with an overall grade of 60%. 2. The surveyor requested and the laboratory failed to provide documentation of corrective action for unacceptable results of the hematocrit analyte. 3. The Quality Compliance officer confirmed these findings on 03/28/2017 at 14:00</p>