

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D2049362	(X3) Date Survey Completed 07/19/2018
Name of Provider or Supplier West Hills Pediatrics	Street Address, City, State 974 Beaver Grade Road, Moon Township, PA	
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
D6072	<p>TESTING PERSONNEL RESPONSIBILITIES CFR(s): 493.1425(b)(3)</p> <p>Each individual performing moderate complexity testing must adhere to the laboratory's quality control policies, document all quality control activities, instrument and procedural calibrations and maintenance performed.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory throat culture quality control (QC) log, QC result, and interview with the laboratory director (LD), the laboratory testing personnel (TP) failed to record QC results in June 2018. Findings include: 1. The June 2018 Taxo Disks and Media QC log reads as follows: Date S. pyogenes Result S. aureus Result Lot Number Lot Number 06/20 1806700 Blank 1723629 Blank 2. The TP streaked all (2 of 2) QC strains on 06/20/2018. 3. The TP documented no (2 of 2) QC results on QC log sheet. 4. The TP accepted the 06/20/2018 QC run. 5. The LD confirmed above findings on 07/19/2018 at 11:30 AM.</p>