

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  46D0522766	<b>(X3) Date Survey Completed</b>  08/14/2019
<b>Name of Provider or Supplier</b>  Exodus Healthcare Network	<b>Street Address, City, State</b>  3665 South 8400 West, Suite 110, Magna, UT	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5211</b>	<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 proficiency testing records review, lack of documentation and interview with the laboratory manager, the laboratory failed to document they reviewed American Association of Family Physicians (AAFP) proficiency testing reports to evaluate the laboratory's performance for 4 of 5 proficiency testing events reviewed. Findings include: 1. Proficiency testing records reviewed failed to include documentation the test results from AAFP events C of 2017; B and C of 2018; and A of 2019 were reviewed. 2. In an interview with the laboratory manager on 08/14/2019 at approximately 4:55 P.M. staff confirmed the proficiency testing records failed to include documentation results were reviewed for 4 proficiency testing events for routine chemistry, urinalysis, potassium hydroxide preparations, endocrinology, and hematology tests.</p>