Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	46D0524320	03/07/2022
Name of Provider or Supplier	**Street Address, City, State**	
Intermountain Taylorsville Clinic	3845 W 4700 S, Taylorsville, UT	

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
D5779	CORRECTIVE ACTIONS CFR(s): 493.1282(a) Corrective action policies and procedures must be available and followed as necessary to maintain the laboratory's operation for testing patient specimens in a manner that ensures accurate and reliable patient test results and reports. This STANDARD is not met as evidenced by: Based on a review of the Quality Control Corrective Action log, testing personnel Competency Assessment protocol, and an interview with the Technical Consultant (TC) on 03/07/22, the laboratory failed to follow the laboratory's protocol for corrective action when the daily Quality Control (QC) is out of range. Findings include: 1. A review of the Quality Control Corrective Action documentation on 03/07/22 at approximately 3:33 pm, revealed that on 04/04/21, 04/18/21, and 04/19/21, the QC material was reran more than once. 2. The laboratory Competency Assessment protocol for QC corrective action states, "When QC is out of range....repeat QC once, if still out; Discontinue testing, call Technical Consultant. 3. In an interview with the TC on 03/07/22 at approximately 3:47 pm, it was confirmed that the testing personnel performing daily QC on 04/04/21, 04/18/21, and 04/19/21 failed to follow the laboratory's protocol for corrective action. 4. The laboratory performs approximately 10157 hematology tests annually.