

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  51D0865013	<b>(X3) Date Survey Completed</b>  06/04/2024
<b>Name of Provider or Supplier</b>  Valley Gastroenterology & Endoscopy	<b>Street Address, City, State</b>  68377 Stewart Drive, Suite 202, Saint Clairsville, OH	
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>D5217</b>	<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: This is a REPEAT DEFICIENCY as cited on 03/22/2022 Based on record review and an interview with the Laboratory Director (LD), the laboratory failed to blindly verify the accuracy of the slide interpretation procedures twice annually for 2023. This deficient practice had the potential to affect 5,300 out of 5,300 patients tested in the sub-specialty of Histopathology from 01/01/2023 through 12/31/2023. Findings Include: 1. Review of four out of four documents titled "Record of Peer Review 2023" for quarters 1, 2, 3, and 4 found the original diagnosis provided to the peer reviewer. 2. Review of the policy and procedure document titled "Quality Assurance Pathologist Proficiency Testing" approved via signature and date by the LD on 01/24/2024 found no mention of blind peer reviews for test accuracy verification. 3. An interview with the LD confirmed the laboratory provided initial diagnosis with the slides sent for 2023 quarter's 1, 2, 3, and 4, and the test accuracy verification was not performed blindly. The interview occurred on 06/04/2024 at 1:30 PM.</p>