

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D0393950	(X3) Date Survey Completed 09/13/2018
Name of Provider or Supplier Ssm Health Dean Medical Group -Portage	Street Address, City, State 2825 Hunters Trail, Portage, WI	
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
D5213	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(b)(1)</p> <p>The laboratory must verify the accuracy of any analyte or subspecialty without analytes listed in subpart I of this part that is not evaluated or scored by a CMS-approved proficiency testing program.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of hematology proficiency testing (PT) records and interview with the laboratory director, the laboratory has not documented evaluation of not graded hematology cell identification results in event three of 2016, events one, two and three of 2017, and event one of 2018. Findings include: 1. Review of PT records for hematology in 2016, 2017, and 2018 show no documented review for ten of ten not graded results in event three of 2016, events one, two and three of 2017, and event one of 2018. 2. Interview with the laboratory director on September 13, 2018 at 11:30 AM confirmed that the laboratory did not review results of not graded samples.</p>