Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 52D0397908	**(X3) Date Survey Completed** 11/20/2018
Name of Provider or Supplier Ascension Medical Group- Fox Valley Wisconsin Inc	**Street Address, City, State** 1420 Algoma St, New London, 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**
D6019	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iv) The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(iv) Ensure that an approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory. This STANDARD is not met as evidenced by: Based on surveyor review of proficiency testing (PT) results and interview with the technical consultant, the laboratory director did not ensure an acceptable plan of correction was developed for an unacceptable PT result the first hematology event in 2017. Findings include: 1. Review of PT records for the first hematology event in 2017 show an unacceptable blood cell identification result for Sample BC-02 was submitted. Result submitted was neutrophil, band (stab), expected result was nucleated red blood cell. A plan of correction was not documented in the record. 2. Interview with the technical consultant on November 20, 2018 at 10:30 AM confirms that the result was not reviewed and an acceptable plan of correction was not developed for the unacceptable result.