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| <b>Statement of Deficiencies</b>                                                                                           | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>52D0983990     | <b>(X3) Date Survey Completed</b><br><br>08/12/2026 |
| <b>Name of Provider or Supplier</b><br><br>Orthopaedic Hospital Of Wisconsin, Llc                                          | <b>Street Address, City, State</b><br><br>475 W River Woods Pkwy, Glendale, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| D6072              | <p>TESTING PERSONNEL RESPONSIBILITIES<br/>CFR(s): 493.1425(b)(3)</p> <p>(b)(3) Adhere to the laboratory's quality control policies, document all quality control activities, instrument and procedural calibrations and maintenance performed;</p> <p>This STANDARD is not met as evidenced by:<br/>Based on surveyor review of procedures and laboratory records, and interview with the Technical Consultant (Staff A), testing personnel did not document performance of quality control as per the laboratory's urine drug screen test procedures on three out of 27 days of patient testing since January 1, 2026. Findings include: 1. Review of the ' Cocaine and Amphetamines, Urine Drug Screen Syva RapidTest d.a.u.' procedure number DX313 instructed testing personnel to perform a positive and a negative control each day of patient testing and to record results on a quality control log. 2. Review of a report of patient urine drug screen testing results obtained from the laboratory's information system revealed the laboratory reported patient testing on 27 days since January 1, 2026, including testing on February 6, 2026, April 14, 2026, and April 16, 2026. 3. Review of the quality control log for the urine drug screen test revealed no evidence that testing personnel documented quality control results for the drug screen tests reported on February 6, 2026, April 14, 2026, and April 16, 2026. 4. Interview with Staff A on August 12, 2026, at 1:45 PM confirmed the testing personnel did not use the quality control log to document performance of quality control for the urine drug screen test on three of 27 days.</p> |