Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D2050644	(X3) Date Survey Completed 08/30/2021
Name of Provider or Supplier Community Physicians North Hills Pulmonary Lab	**Street Address, City, State** W129 N7055 Northfield Dr, B-601, Menomonee Falls, 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
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods. This STANDARD is not met as evidenced by: Based on surveyor review of American Proficiency Institute (API) proficiency testing (PT) records and interview with the technical consultant, the laboratory director or designee did not attest to the routine integration of PT samples into the patient workload using the laboratory's routine methods for three of three Chemistry Core events in 2020. Findings include: 1. Review of the 2020 Chemistry Core API PT records showed the laboratory director or designee did not sign the attestation statements for three of three events. 2. Interview with the technical consultant on August 30, 2021 at 2:00 PM confirmed the laboratory director or designee did not attest to the routine integration of PT samples into the patient workload using the laboratory's routine methods for three of three Chemistry Core events in 2020.