

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 07D0102621	(X3) Date Survey Completed 03/09/2018
Name of Provider or Supplier Stamford Health Medical Group, Inc	Street Address, City, State 126 Morgan Street, Stamford, CT	
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	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory director (LD) failed to attest that proficiency testing (PT) samples were performed in the same manner as patient specimens Findings include: 1. Record review of the 2016 & 2017 PT records for hematology tests from Wisconsin State Laboratory of Hygiene on 3/9/18 revealed PT events 1- 3 attestation pages were unsigned by the testing personnel (TP) and the laboratory director (LD). 2. Interview with the technical consultant (TC) and LD on 3 /9/18 at 11:45 AM confirmed this finding. In addition, TC stated they were unaware PT attestation sheets need to be signed by LD and TP.</p>