

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 07D0723063	(X3) Date Survey Completed 05/10/2018
Name of Provider or Supplier Center For Advanced Reproductive Services	Street Address, City, State 50 Columbus Blvd, Hartford, 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
D3011	<p>FACILITIES CFR(s): 493.1101(d)</p> <p>Safety procedures must be established, accessible, and observed to ensure protection from physical, chemical, biochemical, and electrical hazards, and biohazardous materials.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor observation and staff interview, it was determined that the laboratory area was not adequately equipped for proper decontamination in the subspecialty of hematology. Findings include: 1. Surveyor observation on 5/10/18 at 10:30 AM revealed the laboratory area contained 2 cloth chairs which could not properly be decontaminated. 2. Staff interview with the technical supervisor on 5/10/18 at 10:30 AM, confirmed the above. 3. The laboratory performs 500 each for sperm count, sperm motility and sperm morphology tests annually.</p>