

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 07D1083187	(X3) Date Survey Completed 05/24/2018
Name of Provider or Supplier Connecticut Imaging Partners	Street Address, City, State 399 Farmington Avenue Suite 100, Farmington, 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
D5301	<p>TEST REQUEST CFR(s): 493.1241(a)</p> <p>The laboratory must have a written or electronic request for patient testing from an authorized person.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory failed to establish and follow written quality assessment policies and procedures for preanalytical testing in the specialty of hematology. Findings include: 1. Record review of the laboratory's electronic medical records (EMR) for patient #1 and patient #2 on 5/24/18 revealed PT /INR result values were entered in the EMR with no documentation of tests being ordered by a physician. 2. Record review of the laboratory procedure manual on 5/24 /17 revealed the laboratory failed to provide evidence of any quality assessment policies to monitor, assess and if necessary correct situation involving pre-analytical systems. 3. Staff interview with the technical consultant 5/24/18 at 11:30 AM confirmed the above findings and that the laboratory did not have any policies in place for quality assessment.</p>
D5801	<p>TEST REPORT CFR(s): 493.1291(a)</p> <p>The laboratory must have an adequate manual or electronic system(s) in place to ensure test results and other patient-specific data are accurately and reliably sent from the point of data entry (whether interfaced or entered manually) to final report destination, in a timely manner. This includes the following: (a)(1) Results reported from calculated data. (a)(2) Results and patient-specific data electronically reported to network or interfaced systems. (a)(3) Manually transcribed or electronically transmitted results and patient-specific information reported directly or upon receipt from outside referral laboratories, satellite or point-of-care testing locations.</p>

This STANDARD is not met as evidenced by:

Based on record review and staff interview, the laboratory failed to establish and follow written quality assessment policies and procedures for postanalytical systems in the specialty of hematology. Findings include: 1. Record review of the laboratory's patient result log versus electronic medical record (EMR) on 5/24/18 revealed patient #1 final result values for prothrombin time (PT) and international normalized ratio (INR) were incorrectly entered. 2. Record review of the laboratory procedure manual on 5/24/18 revealed quality assessment policies to monitor, assess and if necessary correct situation involving postanalytical systems were not available. 3. Staff interview with the technical consultant 5/24/18 at 11:30 AM confirmed the above findings.