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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 07D1083187 | (X3) Date Survey Completed 05/13/2026 |
| 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 |
|---------------------------|---|
| D2121 | <p>HEMATOLOGY CFR(s): 493.851(a)</p> <p>(a) Failure to attain a score of at least 80 percent of acceptable responses for each analyte in each testing event is unsatisfactory analyte performance for the testing event.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview the laboratory failed to achieve a satisfactory proficiency testing (PT) score in 2025 - event 2 for the analyte Prothrombin (#0845) in the specialty of Hematology. Findings include: 1. Record review on 05/13/2026 of the PT Certification and Survey Provider Enhanced Reports (CASPER 0155D) revealed: (a) The laboratory is enrolled with College of American Pathologists (CAP) PT program. (b) The laboratory obtained an unsatisfactory PT score of 60% for 2025 event 2 for Prothrombin analyte (#845). 2. Record review on 05/13/2026 of the laboratory's 'CAP WP3-B -2025 WB Prothrombin Time/INR, I-STAT' PT evaluation report revealed the laboratory obtained an unsatisfactory score of 60% in 2025 for event 2 Prothrombin analyte (#845). 3. Staff interview on 05/13/2026 at 11:30 AM with the laboratory's Technical Consultant and the Quality and Safety Manager confirmed the above findings.</p> |
| D2128 | <p>HEMATOLOGY CFR(s): 493.851(e)</p> <p>(e)(1) For any unsatisfactory analyte or test performance or testing event for reasons other than a failure to participate, the laboratory must undertake appropriate training and employ the technical assistance necessary to correct problems associated with a proficiency testing failure. (2) For any unacceptable analyte or testing event score, remedial action must be taken and documented, and the documentation must be maintained by the laboratory for two years from the date of participation in the</p> |

proficiency testing event.

This STANDARD is not met as evidenced by:

Based on record review and staff interview, the laboratory failed to investigate and take corrective action when unacceptable Proficiency Testing (PT) results were obtained in the specialty of Hematology. Findings include: 1. Record review on 05/13/2026 of the laboratory's PT evaluation report from the College of American Pathologist (CAP) revealed the following PT events with unacceptable scores. a. 'WP3-A 2025 WB Prothrombin Time/INR, I-STAT' (i) 'Prothrombin Time (WB): Specimens WP3-01 and WP3-05 b. 'WP3-B -2025 WB Prothrombin Time/INR, I-STAT' (i) Prothrombin Time (WB): Specimens WP3-06 and WP3-09 (ii) INR: Specimens WP3-07 and WP3-10 2. Record review on 05/13/2026 of the laboratory's CAP PT records revealed the lack of documentation for an investigation and/or a remedial action to prevent recurrence of unacceptable PT scores. 3. Staff interview on 05/13/2026 at 11:30 AM with the laboratory's Technical Consultant and the Quality and Safety Manager confirmed the above findings.

D5291

GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT
CFR(s): 493.1239(a)

The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236.

This STANDARD is not met as evidenced by:

Based on record review and staff interview, the laboratory failed to establish written policies and procedures to investigate and take corrective action when unacceptable Proficiency Testing (PT) scores are obtained. Findings include: 1. Record review on 05/13/2026 of the laboratory's 'Policy and Procedure for Utilization of the i-Stat Devices for Waived and Non-Waived Tests: Farmington' revealed lack of policy for investigating and taking corrective action when unacceptable PT results are obtained in the specialty of Hematology. 2. Staff interview on 05/13/2026 at 11:30 AM with the laboratory's Technical Consultant and the Quality and Safety Manager confirmed the above findings.