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| <b>Statement of Deficiencies</b>                                                                                           | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>07D1087302 | <b>(X3) Date Survey Completed</b><br><br>08/10/2026 |
| <b>Name of Provider or Supplier</b><br><br>Quest Diagnostics Llc                                                           | <b>Street Address, City, State</b><br><br>111 Salem Tpke, Norwich, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| D5781              | <p>CORRECTIVE ACTIONS<br/>CFR(s): 493.1282(b)(1)</p> <p>(b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(1) Test systems do not meet the laboratory's verified or established performance specifications, as determined in 493.1253(b), which include but are not limited to-- (b)(1)(i) Equipment or methodologies that perform outside of established operating parameters or performance specifications; (b)(1)(ii) Patient test values that are outside of the laboratory's reportable range of test results for the test system; and (b)(1)(iii) When the laboratory determines that the reference intervals (normal values) for a test procedure are inappropriate for the laboratory's patient population.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on a review of laboratory records and interviews with staff, it was determined that the laboratory's corrective actions failed to resolve the problem and prevent its recurrence in the specialty of chemistry. Findings include: 1. Record review on 08/10/2026 of the chemistry laboratory's 'Min/Max Temperature Monitoring Log' revealed the following: a. The acceptable refrigerator temperature range is 2 to 8 Celsius. b. The refrigerator temperature was outside the acceptable range on 22 of 50 working days in June and July of 2026. c. Laboratory's documented corrective action revealed i. "1st read out of range, no specimens compromised. Monitored until range met." This action did not address or resolve the ongoing unacceptable temperature ranges. Note: Lack of documentation for the effectiveness of the corrective action. 2. Staff interview on 08/10/2026 at 10:15 AM with the lab supervisor confirmed the above findings.</p> |