

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 09D0209311	(X3) Date Survey Completed 12/18/2019
Name of Provider or Supplier Washington Surgi-Clinic,The	Street Address, City, State 2112 F Street, Nw, Washington, DC	
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
D5445	<p>CONTROL PROCEDURES CFR(s): 493.1256(d)(1)(2)(g)</p> <p>Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must-- (d)(1) Perform control procedures as defined in this section unless otherwise specified in the additional specialty and subspecialty requirements at 493.1261 through 493.1278. (d)(2) For each test system, perform control procedures using the number and frequency specified by the manufacturer or established by the laboratory when they meet or exceed the requirements in paragraph (d)(3) of this section. (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory (lab) did not include the results of both serum controls for the Rh positive and Rh negative control. Findings: 1. The quality control worksheet has only one column to record the serum control results, even though both the Rh (D) positive control and the Rh (D)negative control both have a serum control test; and 2. This was confirmed with the staff during interview at approximately 2:00 p.m. on the day of survey.</p>