

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 09D2133202	(X3) Date Survey Completed 03/24/2022
Name of Provider or Supplier Dc Medical Offices, Llc	Street Address, City, State 6323 Georgia Avenue Nw, Suite 210, 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
D2009	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on review of proficiency testing (PT) records and interview with the testing person (TP), the laboratory director (LD) failed to review and sign PT attestations to ensure that testing was performed in the same manner as patient testing. Findings: 1. The LD failed to review and sign all DRho Typing PT attestations for the; a. AAB (American Association of Bioanalysts) Non Chem Q1 2022 DRho Typing PT that was performed by the TP on 2/3/22. b. AAB Non Chem Q3 2021 DRho Typing PT that was performed by the TP on 9/1/21. c. AAB Non Chem Q2 2021 DRho Typing PT that was performed by the TP on 5/22/21. d. AAB Non Chem Q1 2021 DRho Typing PT that was performed by the TP on 2/6/21. e. AAB Non Chem Q3 2020 DRho Typing PT that was performed by the TP on 9/19/20. f. AAB Non Chem Q2 2020 DRho Typing PT that was performed by the TP on 5/11/20. g. AAB Non Chem Q1 2020 DRho Typing PT that was performed by the TP on 2/14/20. 2. The TP confirmed that the LD failed to review and sign all DRho Typing PT attestations.</p>
D3031	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(3)</p> <p>Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years.</p>

	<p>This STANDARD is not met as evidenced by: Based on review of the lab testing logs and interview with the testing person (TP), the laboratory did not maintain all patient test records on site for at least two years. Findings: 1. The lab did not have on site lab logs from 10/28/19-12/31/20. 2. The TP stated that the requested records were stored off site. 3. The TP confirmed that the laboratory did not maintain all patient test records on site for at least two years.</p>
D5211	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a)</p> <p>The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.</p> <p>This STANDARD is not met as evidenced by: Based on review of proficiency testing (PT) records and interview with the testing person (TP), the laboratory director (LD) failed to review and sign PT results to ensure accurate and reliable patient testing. Findings: 1. The LD failed to review and sign all DRho Typing PT results for the; a. AAB (American Association of Bioanalysts) Non Chem Q1 2022 DRho Typing PT. b. AAB Non Chem Q3 2021 DRho Typing PT. c. AAB Non Chem Q2 2021 DRho Typing PT. d. AAB Non Chem Q1 2021 DRho Typing PT. e. AAB Non Chem Q3 2020 DRho Typing PT. f. AAB Non Chem Q2 2020 DRho Typing PT. g. AAB Non Chem Q1 2020 DRho Typing PT. 2. The TP confirmed that the LD failed to review and sign all DRho Typing PT results to ensure accurate and reliable patient testing.</p>
D6018	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iii)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(iii) Ensure that all proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action;</p> <p>This STANDARD is not met as evidenced by: Based on review of proficiency testing (PT) records and interview with the testing person (TP), the laboratory director (LD) failed to review and sign PT results to ensure accurate and reliable patient testing. Findings: Refer to D5211 The LD failed to review and sign all DRho Typing PT results.</p>