

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  21D0219529	<b>(X3) Date Survey Completed</b>  04/16/2025
<b>Name of Provider or Supplier</b>  Upper Chesapeake Hematology/Oncology Svcs Llc	<b>Street Address, City, State</b>  650 Mchenry St Suite 3100, Aberdeen, MD	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5415</b>	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(c)</p> <p>(c) Reagents, solutions, culture media, control materials, calibration materials, and other supplies, as appropriate, must be labeled to indicate the following: (c)(1) Identity and when significant, titer, strength or concentration. (c)(2) Storage requirements. (c)(3) Preparation and expiration dates. (c)(4) Other pertinent information required for proper use.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview with the technical consultant (TC), the laboratory failed to label the staining jars with the identity and expiration date of the contents contained within. Findings: 1. The laboratory performed a Wright stain on peripheral blood smears. 2. It was observed that the three staining jars were not labeled with the identity and expiration dates for the staining reagents contained within. 3. During the survey on 04/16/2025 at 9:45 AM, the TC confirmed that the staining reagent jars were not labeled with the identity and expiration dates for the contents contained within.</p>
<b>D5429</b>	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>(a)(1) Maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.</p> <p>This STANDARD is not met as evidenced by: Based on review of the procedure, review of maintenance logs, and interview with the technical consultant (TC), the laboratory failed to perform monthly maintenance activities for the hematology analyzer for three of 19 months reviewed. Findings: 1.</p>

The laboratory performed hematology testing using a Beckman Coulter DxH 520 analyzer. 2. The testing procedure does not mention monthly maintenance activities, but the monthly "DxH 520 Maintenance/Quality Control Log" (maintenance log) listed two monthly activities: 1) Perform Bleach Cycle and 2) Clean WBC Bath Filter. 3. The maintenance logs for 08/2023 through 02/2025 were reviewed (19 months). 4. The monthly maintenance activities were not documented as completed in three of the 19 months reviewed (07/2024, 04/2024, and 09/2023). 5. During the survey on 04/16/2025 at 1:00 PM, the TC confirmed that monthly maintenance activities were not documented in three of 19 months.