

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D0666830	(X3) Date Survey Completed 01/11/2018
Name of Provider or Supplier Drs Poulton & Smith Llc	Street Address, City, State 5233 King Ave, Suite 204, Baltimore, MD	
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
D6094	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5)</p> <p>The laboratory director must ensure that the quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur.</p> <p>This STANDARD is not met as evidenced by: Based on review of the written procedure manual, interview with the testing person, and the office administration person, the laboratory director did not maintain quality assessment programs for all areas of the laboratory. Findings: 1. The laboratory autoclave spore log was not reviewed and signed by the laboratory director to ensure the quality of laboratory services provided for patient care. 2. The laboratory administration person prepares and performs the spore checks in house. The date of the spore test, spore test type, lot number/expatriation date, time placed in incubator /time removed from incubator, temperature, test and control results are documented on the log sheet. 3. The laboratory director did not review the spore test log sheets during the year 2017 and the testing person confirmed that log sheets were not reviewed and signed by the laboratory director.</p>