

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D0915945	(X3) Date Survey Completed 05/16/2024
Name of Provider or Supplier Isabella Martire Md	Street Address, City, State 8343 Cherry Lane, Laurel, 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
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 hematology proficiency testing records, and interview with staff, the laboratory did not have the proficiency test providers report showing the scores for each test result reported for each individual unknown sample tested. Findings: 1. For each proficiency test event, the provider sends the laboratory five unknown samples, and there are three events each year. The laboratory submits the results to the proficiency test provider to be evaluated. The proficiency test provider reports the scores to the laboratory for each test result that was reported and also an overall score for the laboratorys performance in hematology. 2. The laboratory obtained and reviewed the providers overall test score for the discipline of hematology, but did did not have the providers evaluation of each test result that was reported to the provider for events two and three of 2023. 3. These findings were confirmed during interview with staff on 4/24/24 at 12:00 pm.</p>