Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	21D1048508	05/08/2023
Name of Provider or Supplier	**Street Address, City, State**	
Meritus Urgent Care, Llc	13620 Crayton Blvd, Hagerstown, 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
D5805	TEST REPORT CFR(s): 493.1291(c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability. This STANDARD is not met as evidenced by: Based on review of the patient's electronic medical record (EMR) and email communication with the technical consultant (TC), the laboratory failed to ensure that patient results in the EMR were linked with the correct testing laboratory. Findings: 1. Laboratory results were transferred into patient EMRs. 2. The EMR system is shared with all Meritus locations. The laboratory surveyed was identified as "Meritus Urgent Care, LLC" in the EMR. 3. Chemistry results in the EMR system for a randomly selected patient from 05/14/2021 were reviewed. The results in the EMR stated that the testing was performed at "Meritus Medical Laboratory LLC" and not "Meritus Urgent Care, LLC." 4. In an email received on 05/08/2023, the TC confirmed that "the reporting site was wrong due to an EPIC upgrade that they did fix." 5. As of 05/09 /2023, the laboratory did not have documentation of the investigation into or corrective actions taken when it was discovered that the EMR was reporting incorrect testing locations, including how many patients were affected and whether the incorrect results could be updated to reflect the correct laboratory location that performed the testing.
D6041	TECHNICAL CONSULTANT RESPONSIBILITIES

	CFR(s): 493.1413(b)(3) (b) The technical consultant is responsible for-- (b)(3) Enrollment and participation in an HHS approved proficiency testing program commensurate with the services offered; This STANDARD is not met as evidenced by: Based on review of proficiency testing (PT) records and interview with the technical consultant (TC), the laboratory did not test five PT samples three times per year. Findings: 1. Regulations at 493.931(a) state that PT programs for regulated routine chemistry analytes must include five samples per testing event for at least three testing events annually. 2. The laboratory reported patient results for regulated routine chemistry analytes. 3. The PT records showed that the laboratory was only testing two PT samples per event for three events annually. 4. During the survey on 05/08/2023 at 1:30 PM, the TC confirmed that the laboratory was only receiving two PT samples per PT event.
D6046	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8) (b) The technical consultant is responsible for-- (b)(8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently. This STANDARD is not met as evidenced by: Based on review of competency records and interview with the technical consultant (TC), the TC failed to ensure that competency assessment records were complete and maintained. Findings: 1. The laboratory listed eight testing personnel (TP) on the Laboratory Personnel Report (form CMS-209). 2. Competency records for 2021-2023 were reviewed for each TP. 3. Each TP was assessed for chemistry (iSTAT) and complete blood count (CBC) testing. Instrument printouts from the testing that was performed when demonstrating competency were attached to each competency assessment form. 4. Competency forms included a section for "Review Initials/Date." All competencies were signed by the TC when they were performed, but not dated. 5. Records for TP #1 for 2022 did not include the CBC instrument printouts and there was no documentation of the date the competency assessment was performed. 6. Records for TP #2 were missing the 2021 CBC competency assessment. 7. Records for the initial iSTAT competency for TP #3 were signed by the TP on 04/11/2022, but the instrument printout showed it was performed on 01/21/2023. 8. During the survey on 05/08/2023 at 1:30 PM, the TC confirmed that competency records were incomplete and the date of review was not being documented.