

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D1085156	(X3) Date Survey Completed 02/26/2020
Name of Provider or Supplier Your Doc's In	Street Address, City, State 2425 North Salisbury Blvd, Salisbury, 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
D3011	<p>FACILITIES CFR(s): 493.1101(d)</p> <p>Safety procedures must be established, accessible, and observed to ensure protection from physical, chemical, biochemical, and electrical hazards, and biohazardous materials.</p> <p>This STANDARD is not met as evidenced by: Based on observation in the laboratory and interview with the laboratory consultant, the laboratory did not have an eyewash in the laboratory where testing was being performed. Findings: 1. The laboratory is required to implement safety policies and procedures to ensure safety in the testing personnel. The Occupational Safety and Health Administration (OSHA) and Environmental Protection Agency (EPA) provide guidelines for laboratory safety. 2. The area where the laboratory was performing hematology was toured during the survey. Observation of the room showed that there was no eyewash attached to the sink to aid in flushing out the eyes of the testing personnel if they were to have been splashed with any chemicals or specimens during testing. 3. During the survey on 02/26/2020 at 11:45 AM the laboratory consultant confirmed that there was no eyewash station in the hematology laboratory where testing was being performed.</p>