Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	21D2011505	05/10/2018
Name of Provider or Supplier	**Street Address, City, State**	
Cigna Healthspring Livingwell Center	312 N Martin Luther King Jr Blvd Suite 200, 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
D6021	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(5) The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(5) Ensure that quality assessment programs are established and maintained to assure the quality of laboratory services provided. This STANDARD is not met as evidenced by: Based on review of the written procedure manual, interview with the laboratory director (LD), and the testing person, the laboratory director did not perform and maintain quality assessment (QA) procedures for performing coagulation procedures. Findings: 1. The LD director did not document QA during the year 2017 up to the time of the survey. 2. The laboratory QA procedures states that the laboratory will monitor laboratory functions and processes for patient test management, quality control procedures, proficiency testing, patient information/test results, personnel assessments, communications, complaint investigations, QA review of staff, and QA of laboratory records. 3. The LD confirmed that QA reviews for the QA program and monitoring indicators were not performed and documented as reviewed.
D6054	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9) The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least annually, after the first year.

	This STANDARD is not met as evidenced by: Based on review of the written procedure manual, interview with the laboratory director, and the testing person, the laboratory director (LD) acting as the technical consultant (TC) did not perform annual competency procedures for laboratory personnel performing coagulation testing. Findings: 1. The LD acting as the TC did not perform annual competency procedures during the year 2017. 2. The laboratory quality assurance procedures states that laboratory staff will have ongoing training, monitoring, and competency procedures to maintain performance. 3. The TC did not utilize training procedures and checklists that were stored in the laboratory procedure manual. 4. The TC stated that he was unaware that such procedures and checklists were available 5. The TC confirmed that annual competency procedures were not performed. .