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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 21D2112275 | (X3) Date Survey Completed 02/01/2018 |
| Name of Provider or Supplier Annapolis Pediatrics - Edgewater | Street Address, City, State 3158 Braverton Street Suite 110, Edgewater, 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 |
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| D3037 | <p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(4)</p> <p>Proficiency testing records. Retain all proficiency testing records for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on proficiency testing (PT) record review and interview with the technical consultant (TC), the laboratory did not ensure that a copy of all PT documents were maintained by the laboratory for a minimum of two years from the date of the PT testing event. Findings: 1. A review of PT records from 2016 to 2017 showed that the attestation statement for event 3, 2017 in hematology was not present at the time of the survey. 2. During an interview on 2/1/18 at 11:30 AM, the TC confirmed that the attestation statement was missing for the above listed PT event.</p> |
| D5781 | <p>CORRECTIVE ACTIONS CFR(s): 493.1282(b)(1)</p> <p>(b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(1) Test systems do not meet the laboratory's verified or established performance specifications, as determined in 493.1253(b), which include but are not limited to-- (b)(1)(i) Equipment or methodologies that perform outside of established operating parameters or performance specifications; (b)(1)(ii) Patient test values that are outside of the laboratory's reportable range of test results for the test system; and (b)(1)(iii) When the laboratory determines that the reference intervals (normal values) for a test procedure are inappropriate for the laboratory's patient population.</p> <p>This STANDARD is not met as evidenced by: Based on temperature log record review and interview with the technical consultant</p> |

(TC), the laboratory failed to document corrective action when incubator temperatures were out of range. Findings: 1. The laboratory uses an incubator for incubating both strep and urine cultures. The temperature range for the incubator is 35 - 37 degrees Celsius; and 2. From January, 2016 to December, 2017 the incubator temperatures were out of range 26 out of 401 days recorded. 3. There were no corrective actions documented for these dates. 4. During an interview on 2/1/18 at 11:30 AM, the TC confirmed that there were no corrective actions documented for the days that the incubator temperatures were out of range.