

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D2113879	(X3) Date Survey Completed 08/21/2018
Name of Provider or Supplier Gastroenterology Somashekhar V Bellary	Street Address, City, State 921 Seton Sr Suite 214, Cumberland, 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
D5481	<p>CONTROL PROCEDURES CFR(s): 493.1256(f)(g)</p> <p>(f) Results of control materials must meet the laboratory's and, as applicable, the manufacturer's test system criteria for acceptability before reporting patient test results. (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview with laboratory director, the lab did not report the positive quality control result for the microscopic examination of the h. pylori stain quality control slide, each day of use. The control check was not documented in the lab documents or patient record and this was confirmed with the lab director on the day of survey.</p>