

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 22D0067411	(X3) Date Survey Completed 05/22/2018
Name of Provider or Supplier Arthritis Treatment Center	Street Address, City, State 3377 Main St, Springfield, MA	
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
D0000	A CLIA recertification survey was conducted for the Arthritis Treatment Center Rheumatology Associates laboratory pursuant to the Clinical Laboratory Improvement Amendments (CLIA) of 1988 and CLIA regulations at 42 CFR 493. .
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to verify the accuracy of any test or procedure it performs that is not included in subpart I of this part at least semiannually as evidenced by the following: a) The laboratory performs joint fluid analysis for white blood cell counts and crystals. The laboratory routinely compares white blood counts on joint fluids between two laboratory technologists for each patient sample tested. However, there is no cross comparison being performed for the crystal portion of the analysis. b) The fact that the crystal portion of the joint fluid analysis is not included in any accuracy procedure at least semiannually was confirmed by the general supervisor in an interview on 5/22/18 at 1:27 P.M.. The laboratory performs 1,167 joint fluid analyses annually.</p>