

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 22D0067746	(X3) Date Survey Completed 08/28/2019
Name of Provider or Supplier Pioneer Valley Urology, Pc	Street Address, City, State 100 Wason Ave, Suite 120, 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 Pioneer Valley Urology, PC laboratory pursuant to the Clinical Laboratory Improvement Amendments (CLIA) of 1988 and CLIA regulations at 42 CFR 493. .
D5891	<p>POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems specified in 493.1291.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the laboratory failed to assess postanalytic systems quality assessment activities as evidenced by the following: a) A review of the laboratory's procedure manual showed that the lab had no policies and procedures for monitoring post analytic systems. As a result, there was no ongoing assessment of these problems to identify trends or patterns that needed to be addressed and corrected. b) The general supervisor confirmed in an interview on 8/28/19 at 11:15 PM that there was no established policies or procedures for an ongoing assessment of postanalytic systems.</p>