

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 22D0679696	(X3) Date Survey Completed 03/10/2020
Name of Provider or Supplier Longwood Pediatrics Llp	Street Address, City, State 319 Longwood Avenue 4th Floor, Boston, 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 Longwood Pediatrics LLP laboratory pursuant to the Clinical Laboratory Improvement Amendments (CLIA) of 1988 and CLIA regulations at 42 CFR 493.
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: . Based on record review and interview with the Laboratory Consultant (LC) and Director of Nursing (DON) on 3/10/2020, the laboratory failed to accurately indicate on the patient final test report, the name of the laboratory where the test was performed as evidenced by the following: The surveyor reviewed twenty-three (23) patient final test reports from March 2018 to March 2020 in the laboratory's Electronic Medical Record (EMR), Epic on 3/10/2020. The review revealed that the laboratory failed to indicate the correct name of the laboratory location where the test was performed for twenty-three (23) out of twenty-three (23) patient final test reports. The name of the laboratory on the test reports was either LOP PEDS POCT or Longwood Pediatrics. The laboratory's name is Longwood Pediatrics LLP. The DON confirmed on 3/10/2020 at 12:26 PM that the patient final test reports did not indicate the correct name of the laboratory where the test was performed. The laboratory performs 4,062 CBC's, 1,315 throat cultures, and 593 urine cultures annually. .</p>

D6053

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 semiannually during the first year the individual tests patient specimens.

This STANDARD is not met as evidenced by:

. Based on record review and interview with the Laboratory Consultant (LC) and Director of Nursing (DON) on 3/10/2020, the Technical Consultant (TC) failed to evaluate and document the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tested patient specimens as evidenced by the following: The surveyor reviewed the personnel competency records for calendar years 2018 and 2019 on 3/10/2020. The review revealed that semiannual competency evaluations were not performed and documented for three (3) out of three (3) newly hired testing persons (TP) for calendar year 2018. The DON confirmed in an interview on 3/10/2020 at 10:30 A.M. that the TC failed to perform and document semiannual competency evaluations for the three new TP. .

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 record review and interview with the Laboratory Consultant (LC) and Director of Nursing (DON) on 3/10/2020, the Technical Consultant (TC) failed to evaluate and document the performance of individuals responsible for moderate complexity testing at least annually, after the first year as evidenced by the following: The surveyor reviewed the personnel competency records for calendar years 2018 and 2019 on 3/10/2020. The review revealed that annual competency evaluations were not performed and documented for four (4) testing persons (TP) for calendar years 2018 and 2019. The DON confirmed in an interview on 3/10/2020 at 10:30 A.M. that the TC failed to perform and document annual competency evaluations for four (4) TP.