

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 22D0694926	(X3) Date Survey Completed 05/14/2019
Name of Provider or Supplier Reliant Medical Group Neponset St Dermatology	Street Address, City, State 5 Neponset St, Worcester, 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 Reliant Medical Group Neponset St. Dermatology laboratory pursuant to the Clinical Laboratory Improvement Amendments (CLIA) of 1988 and CLIA regulations at 42 CFR 493. .
D6084	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(2)</p> <p>The laboratory director must ensure that the physical plant and environmental conditions provide a safe environment in which employees are protected from physical, chemical, and biological hazards.</p> <p>This STANDARD is not met as evidenced by: Based on observation, the laboratory director failed to provide a safe environment environment in which employees are protected from chemical and biological hazards as evidenced by the following: On the day of the survey in the presence of the laboratory director, it was observed that there was no permanently mounted eyewash which would provide fifteen minutes of continuously flowing water near the laboratory area. The laboratory director confirmed in an interview on 5/14/19 at 9:05 AM that there was no permanently mounted eyewash available in the laboratory.</p>