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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 22D2061396 | (X3) Date Survey Completed 01/14/2026 |
| Name of Provider or Supplier Labcorp At St Vincent Cancer & Wellness | Street Address, City, State One Eaton Place Suite 301, 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 |
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| D6029 | <p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(11)</p> <p>(e)(11) Ensure that prior to testing patients specimens, all personnel have the appropriate education and experience, receive the appropriate training for the type and complexity of the services offered, and have demonstrated that they can perform all testing operations reliably to provide and report accurate results;</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview with the General Supervisor (GS) and the Laboratory Supervisor (LS), the laboratory director failed to ensure testing personnel (TP) received documented training prior to reporting results on patient samples in the specialty of Hematology. Findings include: 1. Record review on 1/14/2026 of the laboratory's TP records revealed 2 of 2 new TP did not have documented training prior to testing patient samples. 2. Record review on 1/14/2026 of the laboratory's 'Training and Competency Assessment Policy,' revealed: a. Section 1.0 Purpose: "Staff must be trained on their assigned duties and responsibilities and demonstrate that they are competent in their assigned work processes. The training program provides staff with the information needed to perform their daily tasks and processes." b. Section 2.0 Scope: "All laboratories must be able to demonstrate documentation of training." c. Section 6.1.1 Policy Training: "An employee who is new to the job function must receive training before being allowed to test independently." d. Section 6.1.5 Policy Training: "There must be documentation of training." 3. Staff interview on 1/14/2026 at 10:00 AM with the GS and LS confirmed the above TP did not have documented training records and are reporting out patient test results. The LS stated, "We were told by our QA department that we could use the same form we use for competency." 4. The laboratory performs 31,078 Hematology tests annually.</p> |