

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 22D2111714	(X3) Date Survey Completed 02/14/2018
Name of Provider or Supplier Smg Bridgewater Internal Medicine	Street Address, City, State 312 Bedford St, Whitman, 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 Steward Medica; Group - Whitman Laboratory pursuant to the Clinical Laboratory Improvement Amendments (CLIA) of 1988 and CLIA regulations at 42 CFR 493.
D2003	<p>ENROLLMENT CFR(s): 493.801(a)(2)(ii)</p> <p>For those tests performed by the laboratory that are not included in subpart I of this part, a laboratory must establish and maintain the accuracy of its testing procedures, in accordance with 493.1236(c)(1)</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to establish and maintain the accuracy of its testing procedures in accordance with 493.1236(c)(1). Findings include: 1. Review of proficiency testing records on 2/14/18 revealed that the laboratory failed to establish and maintain accuracy of Urinalysis tests. 2. Interview with the technical consultant on 2/14/18 at 9:45 AM confirmed that the laboratory failed to establish and maintain accuracy of Urinalysis tests. 3. The laboratory performs 2200 Urinalysis tests per year.</p>