

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  22D2135860	<b>(X3) Date Survey Completed</b>  10/03/2018
<b>Name of Provider or Supplier</b>  Walpole Medical Center, Pc	<b>Street Address, City, State</b>  841 Main Street, Walpole, MA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	An initial CLIA certification survey was conducted for the Walpole Medical Center, PC laboratory pursuant to the Clinical Laboratory Improvement Amendments (CLIA) of 1988 and CLIA regulations at 42 CFR 493. .
<b>D5787</b>	<p>TEST RECORDS CFR(s): 493.1283(a)</p> <p>The laboratory must maintain an information or record system that includes the following: (a)(1) The positive identification of the specimen. (a)(2) The date and time of specimen receipt into the laboratory. (a)(3) The condition and disposition of specimens that do not meet the laboratory's criteria for specimen acceptability. (a)(4) The records and dates of all specimen testing, including the identity of the personnel who performed the test(s).</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to have a record system which included the identity of the personnel who performed the test(s) as evidenced by the following: A review of twelve (12) patient electronic medical records for laboratory testing performed between 10/25/17 and 9/17/18 revealed that the identity of the person performing the testing was not indicated on the laboratory's final report for all twelve (12) records reviewed. The laboratory technologist confirmed in an interview on 10/3/18 at 9:56 a.m. that the identity of the person performing the testing was not being consistently documented anywhere in the laboratory record system.</p>