

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 30D0086553	(X3) Date Survey Completed 06/18/2025
Name of Provider or Supplier Weeks Medical Center	Street Address, City, State 173 Middle St, Lancaster, NH	
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
D5791	<p>ANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1289(a)(c)</p> <p>(a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and when indicated, correct problems identified in the analytic systems specified in 493.1251 through 493.1283.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory (lab) failed to establish written policies that monitors quality control (QC) procedures for coagulation tests are followed. Findings include: 1. Review on 6/18/2025 of the lab's procedure titled "Coagulation Quality Assurance" last revised 6/9/2010 revealed on page 2 instruction to perform two levels of QC every 8 hours of patient testing for prothrombin time (PT) and activated partial thromboplastin time (PTT). Further review revealed instruction for the QC results to be evaluated by the testing personnel and lab manager. 2. Interview on 6/18/2025 at 11:00 a.m. with the lab manager confirmed the above finding and revealed the evaluation of QC results included checking that QC results were within acceptable ranges for PT and PTT and did not include verifying the procedure to run QC every 8 hours of patient testing had been followed.</p>