

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  30D0652824	<b>(X3) Date Survey Completed</b>  08/13/2025
<b>Name of Provider or Supplier</b>  Upper Connecticut Valley Hospital	<b>Street Address, City, State</b>  181 Corliss Ln, Colebrook, NH	
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>D6088</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1445(e)(4)</p> <p>(e)(4) Ensure that the laboratory is enrolled in an HHS-approved proficiency testing program for the testing performed and that--</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the Laboratory Director (LD) failed to ensure the laboratory (lab) was enrolled in proficiency testing (PT) in event 1 of 2025 for immunohematology regulated analytes. Findings include: 1. Review on 8/12/2025 of CASPER report 0155D revealed no scores in Event 1 of 2025 for ABO and D (RHO) blood typing, antibody detection, and compatibility testing. 2. Review on 8/12/2025 of the lab's PT orders for 2025 revealed the PT order for ABO and D (RHO) blood typing, antibody detection, and compatibility testing was completed 5/28/2025. 3. Interview on 8/12/2025 at 11:15 a.m. with the Lab Director and Technical Supervisor confirmed the lab did not enroll in PT Event 1 2025 for ABO and D (RHO) blood typing, antibody detection, and compatibility testing.</p>