

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  30D2113965	<b>(X3) Date Survey Completed</b>  11/04/2020
<b>Name of Provider or Supplier</b>  Convenientmd Urgent Care - Portsmouth	<b>Street Address, City, State</b>  599 Lafayette Rd, Portsmouth, 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>D5779</b>	<p><b>CORRECTIVE ACTIONS</b> CFR(s): 493.1282(a)</p> <p>Corrective action policies and procedures must be available and followed as necessary to maintain the laboratory's operation for testing patient specimens in a manner that ensures accurate and reliable patient test results and reports.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory failed to establish and follow corrective action policies and procedures to ensure 2 of 28 patient hematology tests were accurate and reliable in 2020. Findings include: 1) Review on 11/4/2020 of 28 complete blood count (CBC) test results from February through November 4, 2020 revealed white blood cell error flags for 2 (Patients A &amp; B) of 28 CBCs. There was no documentation that repeat testing of Patient A and B's specimens had been performed prior to being reported on 8/1/2020 and 9/11/2020, respectively. 2) Interview with the laboratory director on 11/4/2020 at approximately 10:15 a.m. confirmed the above finding and revealed the laboratory did not have a policy to repeat CBC testing when alarm (error) flags are present.</p>