

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 30D2141830	(X3) Date Survey Completed 10/15/2019
Name of Provider or Supplier Cmc Vein And Vascular Specialist	Street Address, City, State 160 South River Rd, Bedford, 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
D3003	<p>FACILITIES CFR(s): 493.1101(a)(2)</p> <p>The laboratory must be constructed, arranged, and maintained to ensure contamination of patient specimens, equipment, instruments, reagents, materials, and supplies is minimized.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the laboratory failed to maintain the hematology instrument to ensure contamination is minimized in 2019. Findings include: 1) Observation on 10/15/2019 at 9:45 a.m. of the laboratory's i-STAT instrument revealed a red substance consistent with dry blood on the outside surface of the instrument. 2) Review on 10/15/2019 of the laboratory's procedure for the general operation of the i-STAT revealed instruction to "Disinfect the outside of the analyzer after each patient test performed." 3) Interview on 10/15/19 at 9:45 a.m. with the Technical Consultant confirmed the above findings.</p>