

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 30D2149259	(X3) Date Survey Completed 01/04/2019
Name of Provider or Supplier Elliot Urgent Care Lab At Bedford	Street Address, City, State 25 Leavy Dr, 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
D5407	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on record review the laboratory director failed to sign and date a revised hematology procedure before being put into use on November 30, 2018. Findings include: 1) Review on 1/4/2019 of the "I-Stat Testing" procedure received on January 4, 2019 revealed the procedure had been revised in October 2018. The laboratory director's signature and date of approval were not on the revised procedure. 2) Review on 1/4/2019 of the laboratory's plan of correction signed by the laboratory director on December 6, 2018 revealed the changes in the "I-Stat Testing" procedure were put into use on November 30, 2018. 3) Review on 1/4/2019 of email correspondence with the Technical Consultant received on January 4, 2019 revealed as of that date, the laboratory director had not signed and dated the revised procedure.</p>