

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0117904	(X3) Date Survey Completed 04/08/2021
Name of Provider or Supplier Cherry Hill Women's Center	Street Address, City, State 502 Kings Highway North, Cherry Hill, NJ	
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
D3031	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(3)</p> <p>Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Accession Log (AL), Final Report (FR) and interview with the Deputy Administrator (DA), the laboratory failed to retain FR for Rhesus Factor (RH) tests from 12/2/20 to the date of the survey. The finding includes: 1. From a random sample of ten patients found in the AL one out of ten FR was not available for review. 2. The DA confirmed on 4/8/21 at 1:00 pm all patient FR was not retained.</p>