

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D0177186	(X3) Date Survey Completed 08/13/2020
Name of Provider or Supplier Alma Illery Medical Center	Street Address, City, State 7227 Hamilton Ave, Pittsburgh, PA	
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
D6094	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5)</p> <p>The laboratory director must ensure that the quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur.</p> <p>This STANDARD is not met as evidenced by: Based on interview of the Laboratory Supervisor & Testing Personnel 1 and review of the laboratory records, the Laboratory Director failed to establish and maintain a Quality Assessment program, for 2 of 2 years, from 05/07/2018 through 08/13/2020. Findings include: 1. On the day of the survey (08/13/2020), the laboratory failed to produce a Quality Assessment policy. 2. During the survey at approximately (16:00 08 /13/2020), the Laboratory Supervisor confirmed the above finding.</p>