

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D0199453	(X3) Date Survey Completed 05/22/2018
Name of Provider or Supplier Cancer Center At Center One	Street Address, City, State 9880 Bustleton Ave, Philadelphia, 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
D5473	<p>CONTROL PROCEDURES CFR(s): 493.1256(e)(2)(g)</p> <p>(e) For reagent, media, and supply checks, the laboratory must do the following: (e) (2) Each day of use (unless otherwise specified in this subpart), test staining materials for intended reactivity to ensure predictable staining characteristics. Control materials for both positive and negative reactivity must be included, as appropriate. (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based based upon Hematology record review and interview of the General Supervisor, at the time of the survey (08:30 01/23/2018), the laboratory failed to document all control procedures performed. Findings include: 1. The laboratory was performing manual blood cell differential staining but quality control documentation was not performed each day of use, from 09/23/2016 through the date of the survey (08:30 01/23/2018). 2. During the survey, the General Supervisor confirmed the above finding.</p>