

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D2033974	(X3) Date Survey Completed 01/14/2020
Name of Provider or Supplier Greentree Medical Center	Street Address, City, State 995 Greentree Rd, 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
D5429	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>For unmodified manufacturer's equipment, instruments, or test systems, the laboratory must perform and document maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.</p> <p>This STANDARD is not met as evidenced by: Based on observation of the laboratories microscope and interview with testing personnel (TP) #1, the laboratory failed to document maintenance of 1 of 1 microscopes on site used to analyze microscopic urinalysis examinations from 2016 to the time of survey. Findings include: 1. The Select Medical Products PSS600R Series microscope operations manual, under maintenance states, "To keep microscope in top condition for years, we recommend that you have the microscope professionally serviced once a year." 2. On the day of survey, 01/14/2020, the Laboratory could not provide yearly microscope maintenance performed on 1 of 1 Select Medical Products PSS600R Series microscope, used to analyze microscopic urinalysis examinations from 03/14/2018 to 01/14/2020. 3. 60 Microscopic urinalysis examination were analyzed in 2019. 4. TP #1 confirmed the findings above on 01/14/2020 around 1:30 pm.</p>
D6021	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(5)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(5) Ensure that quality assessment programs are established and maintained to assure the quality of laboratory services provided.</p>

This STANDARD is not met as evidenced by:

Based on review of the laboratory quality assessment records and interview with testing personnel (TP) #1, the laboratory director (LD) failed to ensure quality assessment (QA) programs were maintained to assure the quality of laboratory from 2018 to the day of survey. Findings Include: 1. On the day of survey, 01/14/2020, the laboratory provided QA activities performed from March of 2018 to December of 2019, but they were not reviewed and signed by the LD. 2. TP# 1 confirmed the findings above on 01/14/2020 around 02:15 pm.