

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 40D0997753	(X3) Date Survey Completed 11/01/2022
Name of Provider or Supplier Best Medical Options	Street Address, City, State Barrio Mameyal Carr 698, Dorado, PR	
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
D5291	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236.</p> <p>This STANDARD is not met as evidenced by: Based on Quality Assessment (QA) activities records review and laboratory technical supervisor interview, it was determined that laboratory failed to evaluate and monitor the General Laboratory system requirements since January 2022. The findings include: a. On November 1, 2022 at 12:07 PM, the laboratory QA was requested. b. Since January 2022 the laboratory did not evaluate practices related to: Patient confidentiality c. The laboratory technical supervisor confirmed on November 1, 2022 at 12:10 PM that the laboratory failed to evaluate and monitor the Patient confidentiality.</p>
D5891	<p>POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems specified in 493.1291.</p> <p>This STANDARD is not met as evidenced by: Based on Quality Assessment (QA) activities records review and interview with the laboratory technical supervisor; it was determined that the laboratory fail to evaluate and monitor de post analytic system requirements. The findings include: a. On</p>

November 1, 2022 at 12:07 PM the laboratory QA was requested. b. On November 1, 2022 at 12:18 PM the post analytic system was reviewed. The laboratory has established that the evaluation of patient result, turn around time and verification of corpuscular index (hematology) were going to be evaluated and monitored every 3 months. The laboratory has established that the evaluation of transcription of results (manual to computer) were going to be evaluate and monitor every 6 months. c. Review of the QA evaluations on November 1, 2022 at 12:18 PM, showed that evaluations of the patient test results were not performed as schedule on March 2022 nor June 2022. Review of the QA evaluations on November 1, 2022 at 12:18 PM, showed that evaluations of the turn around time were not performed as schedule on March 2022 nor June 2022. Review of the QA evaluations on November 1, 2022 at 12:18 PM, showed that evaluations of the corpuscular index (hematology) were not performed as schedule on March 2022 nor June 2022. Review of the QA evaluations on November 1, 2022 at 12:26 PM, showed that evaluations of the transcription of results (manual to computer) were not performed as schedule on June 2022. d. On November 1, 2022 at 12:36 PM the laboratory technical supervisor confirmed that the laboratory failed to evaluate and monitor the post analytic system requirements.

D6094

LABORATORY DIRECTOR RESPONSIBILITIES
CFR(s): 493.1445(e)(5)

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.

This STANDARD is not met as evidenced by:
Based on Quality Assesmtment (QA) recors reviewed and laboatory director failed to ensure compliance with QA requirements. Refer to D5291, D5891.