

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 40D2252804	(X3) Date Survey Completed 03/27/2026
Name of Provider or Supplier Laboratorio Clinico Jaimar Ii	Street Address, City, State Carr 4416 Km 0 Hm 6 Interior Bo Piedras Blancas, Aguada, 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
D5791	<p>ANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1289(a)(c)</p> <p>(a) 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 analytic systems specified in 493.1251 through 493.1283.</p> <p>This STANDARD is not met as evidenced by:</p> <p>1. Based on quality assessment (QA) program review (years 2025-2026) and laboratory director interview on March 27, 2026 at 10:00 A.M. , the laboratory failed to follow the established QA Program to monitor and evaluate the following requirements for analytic systems: comparison of test results. The findings include: a. On March 27, 2026 at 10:00 A. M, a review of the laboratory established QA program showed that the laboratory must evaluate, twice a year , ten (10) patient results that appear inconsistent with the following relevant criteria, when available: patient age, Sex, diagnosis, relationship with other test parameters. b. The records showed that the laboratory performed the last evaluation on June 2024. c. The laboratory director confirmed during the interview on March 26, 2026 at 10:00 AM, that the laboratory failed to follow the established QA evaluations since June 2024. 2. Based on quality assessment (QA) program review (years 2025-2026) and laboratory director interview on March 27, 2026 at 10:00 A.M. , the laboratory failed to follow the established QA Program to monitor and evaluate the following requirements for analytic systems: comparison of test results. The findings include: a. On March 27, 2026 at 10:00 A. M, a review of the laboratory established QA program showed that the laboratory must evaluate, twice a year , ten (10) patient results that appear inconsistent with the following relevant criteria, when available: patient age, Sex, diagnosis, relationship with other test parameters. b. The records showed that the laboratory performed the</p>

last evaluation on June 2024. c. The laboratory director confirmed during the interview on March 26, 2026 at 10:00 AM, that the laboratory failed to follow the established QA evaluations since June 2024.

D6093

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

(e)(5) Ensure that the quality control and 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 assessment (QA) review (years 2025-2026) and laboratory director interview on March 27, 2026 at 11:30 A.M., the laboratory director failed to ensure compliance with the quality assessment program. Refer to D5791.