PRINTED: 07/13/2015 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | 2) MULTIPLE CONSTRUCTION BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|--|--|---|--------------------|-----------------------------------|--|-------|-------------------------------|--|
| | | 22D0945040 | B. WING | | | | R 12/2015 | |
| NAME OF PROVIDER OR SUPPLIER FOUR WOMEN HEALTH SERVICES LLC | | | | 150 EMORY | DRESS, CITY, STATE, ZIP CODE 'STREET RO, MA 02703 | , , , | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B PROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE | |
| D2016 | Each laboratory performust successfully partesting program approas described in subpaspecialty, subspecialty which the laboratory in section, if a laboratory successfully in profici specialty, subspecialty in this section, or fails when an individual fa CMS imposes sanction R of this part. If a laboratory fails to CMS-approved proficithe initial unsuccessful direct the laboratory to personnel or to obtain both, rather than imposanctions except whe following conditions except whe followed the conditions the conditions are conditions as the conditio | ency testing for a given y, analyte or test, as defined to take remedial action ils gynecologic cytology, ons, as specified in subpart perform successfully in a iency testing program, for ul performance, CMS may o undertake training of its n technical assistance, or osing alternative or principle en one or more of the | D2 | 016 | | | | |
| | agent with satisfactor steps to correct the p unsuccessful proficie (3) The laboratory ha This CONDITION is Based on proficiency year 2014 (three testifailed to successfully | Is to provide CMS or a CMS by evidence that it has taken by evidence by the by testing performance. In our met as evidenced by: by testing review for calendar by events, the laboratory by participate (achieve a score by in a proficiency testing | | | | | | |
| ABORATORY | DIRECTOR'S OR PROVIDER/S | SUPPLIER REPRESENTATIVE'S SIGNATUR | E | | TITLE | | (X6) DATE | |

01/31/2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: LYL2

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
|---|--|---|--|------------|--|-----|----------------------------|
| | | 22D0945040 | B. WING | | R | | |
| NAME OF P | ROVIDER OR SUPPLIER | 2200343040 | D. WING | _ | STREET ADDRESS, CITY, STATE, ZIP CODE | 01/ | 12/2015 |
| WANTE OF THOUBER OR OUT EIER | | | | | 50 EMORY STREET | | |
| FOUR WO | MEN HEALTH SERVICES | SLLC | ATTLEBORO, MA 02703 | | | | |
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| D2016 | program for the D(Rh laboratory achieved a zero (0) percent for the 2014 (failure to particiscore of sixty (60) per event of 2014 resultin performance for the a area of immunohema 483.857(a) ABO GRO | O) typing analyte. The score for D(RhO) typing of the second testing event of sipate - refer to D2155) and a recent for the third testing g in unsuccessful malyte and the specialty tology. DUP AND D(RHO) TYPING are of at least 100 percent of | | 016 153 | | | |
| D2154 | Failure to attain a score of at least 100 percent of acceptable responses for each analyte or test in each testing event is unsatisfactory analyte performance for the testing event. This STANDARD is not met as evidenced by: Based on record review of calendar year 2014 proficiency testing results (three testing events), the laboratory failed to attain a testing event score of at least 100 percent for all immunohematology analytes leading to unsatisfactory performance. The laboratory received a testing score for D(RhO) typing of sixty (60) percent for the third testing event of 2014 resulting in unsatisfactory performance for the testing event. 493.859(b) ABO GROUP AND D(RHO) TYPING Failure to attain an overall testing event score of at least 100 percent is unsatisfactory performance. This STANDARD is not met as evidenced by: Based on record review of calendar year 2014 proficiency testing results (three testing events), the laboratory failed to attain an overall testing event score of at least 100 percent for specialty area of immunohematology leading to | | D2 | 154 | | | |

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| | | 22D0945040 | B. WING | B. WING | | l | ₹ 12/2015 |
| NAME OF PROVIDER OR SUPPLIER FOUR WOMEN HEALTH SERVICES LLC | | - | 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 150 EMORY STREET ATTLEBORO, MA 02703 | <u> 01/</u> | 12/2015 | |
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| D2154 | third testing event of 2 | nance. ed a testing score for if sixty (60) percent for the | D2 | 154 | | | |
| D2155 | Failure to participate is unsatisfactory perform of 0 for the testing every given to those laborate a testing event only if (1) Patient testing was frame allotted for testitesting results; (2) The laboratory not and the proficiency testime frame for submitted time frame for submitted to the circumstances as perform tests on profit | oup and described by the second secon | D2 | 155 | | | |
| | Based on proficiency year 2014 (three testifailed to participate in in unsatisfactory performance) percent for the testine following: The laboratory failed testing event of 2014 | not met as evidenced by: resting review for calendar ng events), the laboratory one testing event resulting ormance and a score of zero sting events as evidenced by to participate in the second resulting in scores of zero sting event for the Rh D e specialty area of | | | | | |

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| NAME OF PROVIDER OR SUPPLIER | | | | S | STREET ADDRESS, CITY, STATE, ZIP CODE | <u> U1/</u> | 12/2015 |
| FOUR WOMEN HEALTH SERVICES LLC | | | | | 50 EMORY STREET ATTLEBORO, MA 02703 | | |
| (V4) ID | SLIMMARY STA | ATEMENT OF DEFICIENCIES | ID | | PROVIDER'S PLAN OF CORRECTION | | (X5) |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | PREFI TAG | | (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIADEFICIENCY) | | COMPLETION DATE |
| D2155 | ' ' | ÷ 3 | D2 | 155 | | | |
| D2160 | immunohematology. 493.859(e) ABO GRO | DUP AND D(RHO) TYPING | D2 | 160 | | | |
| | For any unsatisfactory testing event for reasons other than a failure to participate, the laboratory must undertake appropriate training and employ the technical assistance necessary to correct problems associated with a proficiency testing failure. For any unacceptable analyte or unsatisfactory testing event score, remedial action must be taken and documented, and the documentation must be maintained by the laboratory for two years from the date of participation in the proficiency testing event. This STANDARD is not met as evidenced by: Based on calendar year 2014 proficiency testing review (three testing events), the laboratory failed to document remedial action taken in response to unsatisfactory proficiency testing events as evidenced by the following: | | | | | | |
| D2162 | typing of zero (0) percevent of 2014 (failure D2155) and a score of third testing event of 2 unsuccessful perform specialty area of imm 493.859(f) ABO GRO Failure to achieve sate the same analyte in the events or two out of the events is unsuccessful this STANDARD is respectively. | ance for the analyte and the unohematology. UP AND D(RHO) TYPING isfactory performance for wo consecutive testing hree consecutive testing | D2 | 162 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
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| D2162 | proficiency testing rest the laboratory failed to of at least 100 percent analytes leading to ur. The laboratory receive for D(RhO) typing of second testing event participate- refer to Direct (60) percent for the thresulting in unsuccess analyte. 493.859(g) ABO GRO | sults (three testing events), o attain a testing event score at for all immunohematology asuccessful performance. ed an overall testing score zero (0) percent for the of 2014 (failure to 2155) and a score of sixty aird testing event of 2014 sful performance for the output of 2014 sould be | D2 | | | | |
| D9999 | of satisfactory for two or two out of three counsuccessful perform. This STANDARD is resulted a second record reviproficiency testing resulted the laboratory failed to fat least 100 percentimmunohematology leads to fat least 100 percentimmunohematology leads for immunohematology for immunohematology second testing event participate- refer to Dice (60) percent for the three consultations and the second testing event participate- refer to Dice (60) percent for the three consultations and the second testing event participate- refer to Dice (60) percent for the three consultations and the second testing event participate- refer to Dice (60) percent for the three consultations and the second testing event participate- refer to Dice (60) percent for the three consultations and the second testing event participate for the three consultations and the second testing event participate for the s | ew of calendar year 2014 sults (three testing events), or attain a testing event score at for the specialty of eading to unsuccessful eed an overall testing score gy of zero (0) percent for the of 2014 (failure to 2155) and a score of sixty wird testing event of 2014 sful performance for the ematology. | D9 | 999 | | | |
| | §493.857 Condition: The specialty of immu | Immunohematology. Inohematology includes four | | | | | |

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| | | | | | | R | |
| NAME OF PI | ROVIDER OR SUPPLIER | 22D0945040 | B. WING | STREET ADDRESS, CITY, STATE, ZIP CODI | E | 01/12/2015 | |
| FOUR WOMEN HEALTH SERVICES LLC | | | | 150 EMORY STREET ATTLEBORO, MA 02703 | | | |
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| D9999 | subspecialties for the testing: ABO group as unexpected antibody testing; and antibody This CONDITION is r Based on review of p calendar year 2014, t score for D(RhO) typi the second testing ev participate- refer to D (60) percent for the tresulting in unsuccess | purposes of proficiency and D (Rho) typing; detection; compatibility identification. Not met as evidenced by: reficiency testing records for the laboratory achieved a ng of zero (0) percent for | D9s | 999 | | | |