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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		` IDENTIFICATION NI IMBED:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		22D0945040	B. WING				R / 21/2015	
	ROVIDER OR SUPPLIER	ES LLC		150 EMOR	DDRESS, CITY, STATE, ZIP CODE BY STREET DRO, MA 02703	1 03/	21/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
D2016	Each laboratory perfimust successfully patesting program approas described in subpropersion specialty, subspecial which the laboratory Except as specified is section, if a laborator successfully in profice specialty, subspecial in this section, or fail when an individual factor of the successfully in profice specialty, subspecial in this section, or fail when an individual factor of the section of the section of the initial unsuccessful direct the laboratory personnel or to obtain both, rather than imposanctions except whe following conditions of (1) There is immediated and safety. (2) The laboratory facility agent with satisfactors to correct the part of the section of	ciency testing for a given alty, analyte or test, as defined as to take remedial action ails gynecologic cytology, sons, as specified in subpart a perform successfully in a ciency testing program, for ful performance, CMS may to undertake training of its in technical assistance, or posing alternative or principle en one or more of the	D20	016	DEFICIENCY			
	This CONDITION is Based on proficienc years 2014 and 2015 laboratory failed to s (achieve a score of 1	not met as evidenced by: y testing review for calendar (three testing events), the successfully participate			TITLE		(VS) DATE	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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 _	B. WING			R 21/2015	
NAME OF PROVIDER OR SUPPLIER FOUR WOMEN HEALTH SERVICES LLC			STREET ADDRESS, 150 EMORY STRE ATTLEBORO, M		1 037	21/2013		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD E -REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE	
D2016	proficiency testing proficiency testing proficiency testing profice analyte as evidenced First Unsuccessful D(RhO) typing analyte score for D(RhO) typing the second testing evidence participate - refer to D(60) percent for the thresulting in unsuccess analyte and the specifimmunohematology. Second Unsuccessimmunohematology. D(RhO) typing analyte score of 60 percent for 2014 and a score of 8 testing event of 2015	by the following: all Occurrence: a: The laboratory achieved a ang of zero (0) percent for ent of 2014 (failure to 20155) and a score of sixty wird testing event of 2014 sful performance for the alty area of assful Occurrence: a: The laboratory achieved a performance for the first resulting in the second ance for the analyte and the unohematology.	D20	16				
D2153	undertake the approptechnical assistance reproblem of unsuccess performance for the Edward A83.857(a) ABO GRO Failure to attain a scoacceptable responses each testing event is performance for the testing STANDARD is responsed.	necessary to correct the sful proficiency testing D(RhO) typing analyte. DUP AND D(RHO) TYPING are of at least 100 percent of s for each analyte or test in unsatisfactory analyte	D2 ⁻	53				

	R	
22D0945040 B. WING	R 05/21/2015	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 EMORY STREET ATTLEBORO, MA 02703	33/21/2010	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
D2153 Continued From page 2 and 2015 proficiency testing results (three testing events), the laboratory failed to attain a score of at least 100 percent for each analyte leading to unsalisfactory performance and two unsuccessful performances for the same analyte (refer to D2016). The laboratory received a testing score for the D(RhO) typing analyte of sixty (60) percent for the third testing event of 2014 resulting in unsalisfactory performance for the testing event. The laboratory subsequently received a testing score for the D(RhO) typing analyte of eighty (80) percent for the first testing event of 2015 resulting in unsalisfactory performance for the testing event D2154 Failure to attain an overall testing event score of at least 100 percent is unsalisfactory 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 unsalisfactory performance resulting in a second unsuccessful performance for the specialty area of immunohematology leading to unsalisfactory performance for the specialty area of immunohematology of sixty (60) percent for the third testing event of 2014 resulting in unsalisfactory performance for the testing event.		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED	
		2200045040	P WING	B. WING			R	
NAME OF PE	ROVIDER OR SUPPLIER	22D0945040	B. WING _	ST	REET ADDRESS, CITY, STATE, ZIP CODE	05/	21/2015	
FOUR WO	MEN HEALTH SERVICES	SLLC			0 EMORY STREET ITLEBORO, 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 CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
D2154	Continued From page	3	D2	154				
D2155	immunohematology of first testing event of 2 unsatisfactory perform	red a testing score for f eighty (80) percent for the 015 resulting in nance for the testing event. DUP AND D(RHO) TYPING	D2°	155				
	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 submit results of the suspensithe circumstances as perform tests on profi	nance and results in a score ent. Consideration may be cories failing to participate in						
	Based on proficiency years 2014 and 2015 laboratory failed to pa resulting in unsatisfact	not met as evidenced by: testing review for calendar (three testing events), the articipate in one testing event story performance and a ent for the testing events as owing:						
D2160	testing event of 2014 (0) percent for the testyping analyte and the immunohematology.	to participate in the second resulting in scores of zero ting event for the Rh D e specialty area of	D2·	160				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		22D0945040	B. WING	s. WING		R 5/24/2045	
NAME OF PROVIDER OR SUPPLIER FOUR WOMEN HEALTH SERVICES LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 150 EMORY STREET ATTLEBORO, MA 02703	1 0	5/21/2015		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
D2160	other than a failure to must undertake approtent the technical assistant problems associated failure. For any unacturn unsatisfactory testing action must be taken documentation must be laboratory for two year participation in the protent than the protent and the second problems. This STANDARD is reproficiency testing revenue.	y testing event for reasons participate, the laboratory priate training and employ ce necessary to correct with a proficiency testing ceptable analyte or event score, remedial and documented, and the pe maintained by the rs from the date of officiency testing event. Not met as evidenced by: ears 2014 and 2015 riew (three testing events),	D210	60			
D2162	in response to unsatistic events as evidenced. The laboratory achieved typing of zero (0) percevent of 2014 (failure D2155) and a score of third testing event of 2014 unsuccessful perform specialty area of imm. The laboratory achieve typing of sixty (60) percevent of 2014 and a second occurrence of for the analyte and the immunohematology (493.859(f) ABO GRO	ed a score for D(RhO) cent for the second testing to participate - refer to f sixty (60) percent for the 2014 resulting in the first ance for the analyte and the unohematology. ed a score for D(RhO) ercent for the third testing core of eighty (80) percent ent of 2015 resulting in the funsuccessful performance the specialty area of	D210	62			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		22D0945040	B. WING		1	R (24/2045	
NAME OF PROVIDER OR SUPPLIER FOUR WOMEN HEALTH SERVICES LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 150 EMORY STREET ATTLEBORO, MA 02703	<u> </u>	21/2015		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY)) BE	(X5) COMPLETION DATE	
D2162	events or two out of the events is unsuccessful. This STANDARD is root and 2015 proficiency events), the laborator event score of at least immunohematology a unsuccessful perform. The laboratory receive for the D(RhO) typing for the second testing participate- refer to D(60) percent for the thresulting in the first ure the analyte and the syllmunohematology. The laboratory subsective event score for the D(60) percent for the thresulting event of 2015 unsuccessful perform specialty of Immunoh 493.859(g) ABO GROF Failure to achieve an of satisfactory for two or two out of three counsuccessful performs.	wo consecutive testing and performance. Into the met as evidenced by: ew of calendar years 2014 testing results (three testing y failed to attain a testing to 100 percent for all nalytes leading to ance. Into the met as evidenced by: ew of calendar years 2014 testing results (three testing y failed to attain a testing to 100 percent for all nalytes leading to ance. Into the met as evidenced by: ew of calendar years 2014 (failure to 2014 (failure to 2014)	D21				
	Based on record revi	ew of calendar years 2014 testing results (three testing					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		22D0945040	B. WING			R 05/21/2015		
NAME OF PROVIDER OR SUPPLIER FOUR WOMEN HEALTH SERVICES LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 150 EMORY STREET ATTLEBORO, MA 02703		03/21/2013			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE A			(X5) COMPLETION DATE		
D2163	events), the laborator event score of at leas specialty of immunoh unsuccessful perform. The laboratory receiv score for immunohem for the second testing participate- refer to D (60) percent for the the	y failed to attain a testing to 100 percent for the ematology leading to ance. ed an overall testing event attology of zero (0) percent event of 2014 (failure to 2155) and a score of sixty ird testing event of 2014 insuccessful performance for	D2	163				
D6076	event score for immu percent for the third to score of eighty (80) pevent of 2015 resulting unsuccessful perform immunohematology. 493.1441 LABORATO The laboratory must be the qualification requiting subpart and proving the formula to the formula to the subpart and proving the subpart and subp	ance for the specialty of	D60	076				
{D9999}	Based on the deficie laboratory director fai remedial action was i unsatisfactory proficie	refer to D2016).	{D99	999}				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMBED:		X2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		22D0945040	B WING	B. WING			3	
NAME OF PROVIDER OR SUPPLIER FOUR WOMEN HEALTH SERVICES LLC		B. Wille	STREET ADDRESS 150 EMORY STRE ATTLEBORO, N		05/2	21/2015		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EAC	ROVIDER'S PLAN OF CORRECTION IH CORRECTIVE ACTION SHOULD B S-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
{D9999}	§493.857 Condition: The specialty of immusubspecialties for the testing: ABO group at unexpected antibody testing; and antibody This CONDITION is represent for the second (failure to participate-of sixty (60) percent for the second (failure to participate-of sixty (60) percent for the second (failure to participate-of sixty (60) percent for the second the analyte and the spin munohematology. The laboratory subsequent score for immunohematory subsequent score for immunohematory (80) percent of 2015 resulting in unstable score of eighty (80) pevent of 2015 resulting in unstable score of eig	Immunohematology. Inohematology includes four purposes of proficiency and D (Rho) typing; detection; compatibility identification. Inot met as evidenced by: roficiency testing records for and 2015, the laboratory D(RhO) typing of zero (0) d testing event of 2014 refer to D2155) and a score for the third testing event of DICCESSful performance for DICCESSFUL performance	{D99	99}				