

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/15/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>21D0219030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/06/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>HILLCREST CLINIC INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5602 BALTIMORE NATIONAL PIKE 600 BALTIMORE, MD 21228</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
D5789  510M	<p><b>TEST RECORDS</b> CFR(s): 493.1283(b)</p> <p>Records of patient testing including, if applicable, instrument printouts, must be retained. This STANDARD is not met as evidenced by: Based on record review and interview with laboratory staff, the lab did not keep intermediate Rh test results. Findings:</p> <ol style="list-style-type: none"> <li>1. The laboratory documents the original patient Rh test results and the interpretation onto a handwritten log. The laboratory will then transcribe the log as a typed record;</li> <li>2. The lab does not keep the original test log (intermediate handwritten test record), but discards this record and replaces it with the typed record; and</li> <li>3. This was confirmed with laboratory staff on the day of survey.</li> </ol>	D5789		2/12/19	

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

TITLE

(X6) DATE

02/25/2019

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.