PRINTED: 02/18/2011 FORM APPROVED

NAME OF PROVIDER OR PLANNED PARENT (X4) ID	AND THE RESERVE OF THE PARTY OF	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUILDII	TIPLE CONSTRUCTION	(X3) DATE		
PLANNED PARENT	***************************************		1	NG	COMP	COMPLETED	
PLANNED PARENT		5200397477	B, WING_	***************************************	0:	2/10/2011	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (E		/I, INC	-	FREET ADDRESS, CITY, STATE, ZIP CODE 302 N JACKSON ST MILWAUKEE, WI 53202	······································	2 10/2011	
TAG	FICIENCY MUST	NTEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	10	PROVIDERS PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETION DATE	
The laborassessmi maintain services This STA Surveyor Based or reference records a the labora action tak on Septendiscreparthe refere Findings in 1. Review 2010 shows Rhines 2. Review patients recard test results we four patier 3. Review Septembe system (lo for Rhitest 2010 due in the system for the system (lo for Rhitest 2010 due in the system for the system (lo for Rhitest 2010 due in the system for the	oratory direction of corrective exported as R system, shower 28, 2010 st #10041, exting was discrepantion of this incore with the test with the test was the corrective exported as R system, shower 28, 2010 st #10041, exting was discrepantion of this incore with the test with the test was the corrective exported as R system, shower exported as R system, shower exported in the corrective exported i	est logs dated September 28, atients tested were reported enterties tested were reported enterties tested were reported enterties at laboratory results for the four honey the reference laboratory as Rh positive for the same enterties action documentation detect hows that the Eldon Card piration date 2012-01) used continued on September 28, to patient test results.	D6021		he one of process re the fon the ached rectify consible covement conditioned ical rdinator, discussed meetings and also are of the will sign within 1-2	2/28/11 and on- going	
RATORY DIRECTOR'S OR		SNATURE	****	TITLE	7 /	(X8) DATE	
				3.	la /11		
aficiency statement end uards provide aufficient		which the ins	stitution may i	be excused from correcting providing it is a street findings stated above are disclose	s determined that	t other	

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STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		5200397477	B. WIN	1G		0.0	14 5 15 5 4
PLANNE	ROVIDER OR SUPPLIER D PARENTHOOD OF		***************************************	3(EET ADDRESS, CITY, STATE, ZIP CODE 02 N JACKSON ST IILWAUKEE, WI 53202		/10/2011
(X4) ID PREFIX TAG	I CRACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREF TAG	×	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OUD BE	(X5) COMPLETION DATE
D6021	February 10, 2011	ge 1 at 1:30 PM confirmed that the did not review or evaluate the cumentation for this incident,	D60		DEFICIENCY		

PRINTED: 03/14/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN (T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		52D0397477	B. WINC	·		0.5	/20/2013
	PROVIDER OR SUPPLIER D PARENTHOOD OF		-	30:	EET ADDRESS, CITY, STATE, ZIP CODE 2 N JACKSON ST ILWAUKEE, WI 53202	1 00	120/2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
D 000	was found in compli	d of Wisconsin Inc laboratory ance with 42 CFR Part 493, aboratories, as a result of the	D	2000	DEFICIENCY)		
POD 4TODA		UPPLIER REPRESENTATIVE'S SIGNA	ATURE		1 O TITLE A		(X6) DATE

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 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

PRINTED: 03/03/2015 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		52D0397477	B. WING			01/	21/2015
	PROVIDER OR SUPPLIER D PARENTHOOD OF	WISCONSIN INC		3	TREET ADDRESS, CITY, STATE, ZIP CODE 102 N JACKSON ST /IILWAUKEE, WI 53202		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
D5209 110M 120M	ASSESSMENT PO	INEL COMPETENCY LICIES personnel requirements in	D52	209			4/1/15
	subpart M, the labor	ratory must establish and es and procedures to assess				·	
	Surveyor: 14023 Based on surveyor I Quality Assessment interview with the Vi	review of the laboratory t (QA) procedure and ice President of Patient atory does not have a written					
		ating testing personnel cludes the frequency of required elements.					
	the current procedurate instructions for testing personnel that	poratory QA procedure shows re does not include step by evaluating competency of at includes the frequency of required elements of		ARREST TO THE PARTY OF THE PART			
	Services on January confirmed the current	e Vice President of Patient y 21, 2015 at 11:35 AM nt QA procedure does not instructions for evaluating ng personnel.					
							(Ve) DATE

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.

03/02/2015

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		52D0397477	B. WING	i		03/	29/2017	
	PROVIDER OR SUPPLIER D PARENTHOOD OF	WISCONSIN INC	·	302	REET ADDRESS, CITY, STATE, ZIP CODE P. N. JACKSON ST LWAUKEE, WI 53202	•	n na mheatigea	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
D2009	TESTING SAMPLE The individual testin and the laboratory of routine integration of workload using the This STANDARD is Based on surveyor (PT) records from t laboratory and interconsultant, the laboratory and interconsultant, the laboratory's routine Findings include: 1. Review of PT reattestation statement laboratory director. 2. Interview with the March 29, 2017 at signature on the attended the laboratory director. 2. Interview with the March 29, 2017 at signature on the attended the laboratory director. The procedure man when applicable to specimen collection preservation, transpreferral; and criteria and rejection as des (2) Microscopic exadetection of inadeque (3) Step-by-step per including test calculting test calc	ng or examining the samples director must attest to the of the samples into the patient laboratory's routine methods. It is not met as evidenced by: It review of proficiency testing the Madison location of the view with the technical pratory director has not ne integration of the PT stient workload using the methods. Cords for 2016 show the methods. Cords for 2016 show the methods. Cords for 2016 show the methods is not the Madison location of not been signed by the etechnical consultant on 1:45 PM confirmed the estation forms is not that of tor or the technical consultant. EDURE MANUAL. The procedure: The procedure is patient preparation;	D20				6/21/17	
I ABORATORY	results.	ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE		TITLE		(X6) DATE	

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.

06/21/2017

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
i		52D0397477	B. WING		0:	3/29/2017	
	PROVIDER OR SUPPLIER D PARENTHOOD OF	WISCONSIN INC		STREET ADDRESS, CITY, STATE, ZIP CODE 302 N JACKSON ST MILWAUKEE, WI 53202			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
	controls, reagents, used in testing. (5) Calibration and procedures. (6) The reportable rest system as esta §493.1253. (7) Control procedures action control results fail to for acceptability. (9) Limitations in the interfering substance (10) Reference interfering substance (11) Imminently lifepanic or alert values (12) Pertinent literal (13) The laboratory in the patient recordincluding, when appreporting imminently panic, or alert value (14) Description of the test system become This STANDARD is Based on surveyor instructions and the RhD (Rhesus D antitechnical consultant does not include the to not open the stora (EldonBag) at less the Findings include: 1. The manufacture EldonBag should not procedure in the stora (EldonBag should not procedure).	lides, solutions, calibrators, stains, and other materials calibration verification range for test results for the blished or verified in res. In to take when calibration or o meet the laboratory's criteria retest methodology, including res. The protect of the	D540	03			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		52D0397477	B. WING			03	/29/2017
	PROVIDER OR SUPPLIER D PARENTHOOD OF	WISCONSIN INC		30	FREET ADDRESS, CITY, STATE, ZIP CODE D2 N JACKSON ST IILWAUKEE, WI 53202		
(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 CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
D5403	shows no restriction 3. Interview with the	ldon Card RhD procedure ns for opening the EldonBag. e technical consultant on	D54	03			
D5413 510M	March 29, 2017 at 2:45 PM confirms the procedure does not include the manufacturer's restrictions for opening the EldonBag. 493.1252(b) TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT			13			6/21/17
	conditions that are reagents and speci test system operation. The criteria must be manufacturer's inst conditions must be and, if applicable, ir (1) Water quality. (2) Temperature. (3) Humidity.	at define criteria for those essential for proper storage of mens, accurate and reliable on, and test result reporting. e consistent with the ructions, if provided. These monitored and documented include the following:					
	fluctuations and inte that adversely affect reports.	uipment and instruments from erruptions in electrical current at patient test results and test so not met as evidenced by:					
	Based on surveyor instructions and lab with the technical council document the ro	review of the manufacturer oratory records, and interview onsultant, the laboratory does doom temperature to ensure the for Eldon RhD (Rhesus D					
	RhD cards include	er's instructions for the Eldon directions to store the cards grees Fahrenheit and not to					

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		52D0397477	B. WING	MANAGEMENT OF THE STATE OF THE		03/	29/2017
	PROVIDER OR SUPPLIER D PARENTHOOD OF	WISCONSIN INC		STREET ADDRESS, CITY, STATE, ZI 302 N JACKSON ST MILWAUKEE, WI 53202	P CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD HE APPROPR	BE	(X5) COMPLETION DATE
D5413	degrees Fahrenhei 2. Review of labora documented room laboratory. 3. Interview with th March 29, 2017 at 2 temperatures are n	if the temperature is below 64	D54	113			

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	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		52D0397477	B. WING			03	/29/2017
	ROVIDER OR SUPPLIER PARENTHOOD OF WIS	CONSIN INC		302	REET ADDRESS, CITY, STATE, ZIP CODE 2 N JACKSON ST LWAUKEE, WI 53202		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
D2009	493.801(b)(1) TESTIN TESTING SAMPLES	NG OF PROFICIENCY	D2	009			6/21/17
D5403 510M	and the laboratory director of tworkload using the lat This STANDARD is represented by the late of two states of the laboratory and interview consultant, the laboratory and interview consultant, the laboratory attested to the routine samples into the patient laboratory's routine must be laboratory's routine must be laboratory director. 2. Interview with the two laboratory director. 2. Interview with the two laboratory director. 2. Interview with the two laboratory director. 3. Interview with the two laboratory director. 493.1251(b) PROCED. The procedure manual when applicable to the laboratory director, lapreservation, transpor referral; and criteria for and rejection as descrited and rejection as descrited by the laboratory director and rejection of inadequal (3) Step-by-step performance in the laboratory director of inadequal (3) Step-by-step performance in the laboratory director of inadequal (3) Step-by-step performance in the laboratory director of inadequal (3) Step-by-step performance in the laboratory director of inadequal (3) Step-by-step performance in the laboratory director of inadequal (3) Step-by-step performance in the laboratory director of inadequal (3) Step-by-step performance in the laboratory director of inadequal (3) Step-by-step performance in the laboratory director of inadequal (3) Step-by-step performance in the laboratory director of inadequal (3) Step-by-step performance in the laboratory director of inadequal (3) Step-by-step performance in the laboratory director of inadequal (3) Step-by-step performance in the laboratory director of inadequal (3) Step-by-step performance in the laboratory director of inadequal (3) Step-by-step performance in the laboratory director of inadequal (3) Step-by-step performance in the laboratory director of inadequal (3) Step-by-step performance in the laboratory director of inadequal (3) Step-by-step performance in the laboratory director of inadequal (3) Step-by-step performance in the laboratory director of inadequal (3) Step-by-step performanc	tory director has not a integration of the PT ent workload using the ethods. To a for 2016 show the set for the Madison location of the ent signed by the station forms is not that of a ror the technical consultant. DURE MANUAL all must include the following the etest procedure: patient preparation; abeling, storage, retation, processing, and or specimen acceptability ribed in §493.1242. ination, including the	D54	403			6/21/17
L ABORATORY (SUPPLIER REPRESENTATIVE'S SIGNATURE	L		TITLE		(X6) DATE

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.

06/21/2017

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMI	MPLETED	
		52D0397477	B. WING_			03	/29/2017
	ROVIDER OR SUPPLIER PARENTHOOD OF WIS	CONSIN INC	,	302 N	ET ADDRESS, CITY, STATE, ZIP CODE N JACKSON ST VAUKEE, WI 53202	•	
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
D5403	controls, reagents, staused in testing. (5) Calibration and caprocedures. (6) The reportable rar test system as established system a	libration verification age for test results for the shed or verified in s. to take when calibration or meet the laboratory's criteria test methodology, including s. als (normal values). reatening test results, or the references. system for entering results and reporting patient results opriate, the protocol for ife threatening results, or the course of action to take if a inoperable. anot met as evidenced by: eview of the manufacturer's rocedure for Eldon Card en), and interview with the the laboratory procedure manufacturer's instructions are 64 degrees Fahrenheit.	D54	403			

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	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG		DATE SURVEY COMPLETED
		52D0397477	B. WNG_			03/29/2017
	ROVIDER OR SUPPLIER PARENTHOOD OF WISO	CONSIN INC		STREET ADDRESS, CITY, STATE, ZIP CODE 302 N JACKSON ST MILWAUKEE, WI 53202		
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
D5403	Continued From page	2	D54	03		
		on Card RhD procedure for opening the EldonBag.		,		
D5413	March 29, 2017 at 2:4 procedure does not in restrictions for openin	clude the manufacturer's g the EldonBag. ′STEMS, EQUIPMENT,	D54	13		6/21/17
510M	conditions that are estreagents and specime test system operation. The criteria must be comanufacturer's instruction conditions must be mand, if applicable, incl. (1) Water quality. (2) Temperature. (3) Humidity.	ctions, if provided. These onitored and documented				
	fluctuations and interrithat adversely affect preports. This STANDARD is not a based on surveyor reinstructions and laborate with the technical construction of document the roof storage requirements. Antigen) test are met. Findings include: 1. The manufacturer's RhD cards include directions.	uptions in electrical current vatient test results and test of met as evidenced by: eview of the manufacturer atory records, and interview sultant, the laboratory does in temperature to ensure for Eldon RhD (Rhesus D) instructions for the Eldon ections to store the cards ees Fahrenheit and not to				

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		52D0397477	B. WING			03/	/29/2017
	ROVIDER OR SUPPLIER PARENTHOOD OF WIS	CONSIN INC		30	REET ADDRESS, CITY, STATE, ZIP CODE 2 N JACKSON ST ILWAUKEE, WI 53202		
(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 BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E TE	(X5) COMPLETION DATE
D5413	degrees Fahrenheit. 2. Review of laborato documented room ten laboratory. 3. Interview with the t March 29, 2017 at 2:4	ry records shows no negreture records for the echnical consultant on 5 PM confirmed room documented in the area	D54	1113			