



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Care Facility Licensure and
Certification
99 Chauncy Street, Boston, MA 02111

CHARLES D. BAKER
Governor
KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-753-8000
www.mass.gov/dph

October 24, 2016

Secor of New England LLC dba Cordant Health Solutions
415 Main St 4th Floor
Worcester, MA 01608,

Dear Licensee:

We are in receipt of your Plan of Correction submitted as a result of a deficiency statement subsequent to a State Licensure survey of your laboratory on June 29, 2016. This is to advise you that the Department is accepting your Plan of Correction as written. A follow-up visit may be made by a Department representative to ascertain that all deficiencies have been corrected.

This letter is to inform you that the application of **STERLING HEALTHCARE OPCO, LLC** for a renewal **FULL** laboratory license to maintain **SECON OF NEW ENGLAND LLC DBA CORDANT HEALTH SOLUTIONS, 415 MAIN ST 4TH FLOOR, WORCESTER, MA**, was duly considered and approved effective **OCTOBER 6, 2016**, the date the Plan of Correction was accepted by the Department.

A renewal license is issued in accordance with the provisions of Massachusetts General Laws Chapter 111D and the rules and regulations governing the licensing of laboratories. The license covering the operation of your facility is enclosed.

Please continue to notify this office in writing of any changes taking place at your laboratory including changes in name, location, ownership, scope of services, collection stations, staffing or any other characteristics which may affect your compliance with State Licensure or CLIA Certification requirements. You are advised to submit the written notification prior to a projected change, including identification of an effective date.

If you have any questions regarding laboratory regulations, you may contact this office at the address and/or phone number noted above.

Respectfully yours,

A handwritten signature in blue ink that reads "Pamela Waksmonski".

Pamela Waksmonski, MS, MT (ASCP)
Manager, Clinical Laboratory Program

cc: Facility File



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Care Facility Licensure and
Certification
99 Chauncy Street, Boston, MA 02111

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-753-8000
www.mass.gov/dph

November 15, 2016

Laboratory Director
Secon of New England LLC dba Cordant Health Solutions
415 Main St
Worcester, MA 01608

RE: Licensure Status

Dear Laboratory Director:

I am writing regarding the licensure status of Secon Of New England LLC dba Cordant Health Solutions at 415 Main St, Worcester, MA. Please note that although the expiration date had passed the following is in effect.

In accordance with section 13 of Chapter 30A of the Massachusetts General Laws, "...if a licensee has, in accordance with any law and with agency regulation, made timely and sufficient application for renewal, his license shall not expire until his application has finally been determined by the agency." A review of our files indicates that the application for renewal of the license was received on 07/03/2015. Therefore, the applicant is in effect licensed until such time as renewal license was issued by the Department effective October 6, 2016.

Please let me know if I can be of further assistance.

Respectfully yours,

A handwritten signature in blue ink that reads "Pamela Waksmonski".

Pamela Waksmonski, MS, MT (ASCP)
Manager, Clinical Laboratory Program

cc: Facility File

The Commonwealth of Massachusetts



DEPARTMENT OF

PUBLIC HEALTH

DIVISION OF HEALTH CARE FACILITY LICENSURE AND CERTIFICATION

CLINICAL LABORATORY LICENSE

In accordance with the provisions of the General Laws, Chapter 111D and regulations established thereunder, a license is hereby granted to

STERLING HEALTHCARE OPCO, LLC

NAME OF APPLICANT

300 NORTH SALLE SUITE4900, CHICAGO, IL

ADDRESS OF APPLICANT

for the maintenance of

SECON OF NEW ENGLAND LLC DBA CORDANT HEALTH SOLUTIONS

NAME OF CLINICAL LABORATORY

415 MAIN ST 4TH FLOOR, WORCESTER, MA

ADDRESS OF CLINICAL LABORATORY

5058

FACILITY NUMBER

Classification: **FULL**

CLINICAL CHEMISTRY

Toxicology

Urinalysis

LICENSE N° **5058** is valid from **October 6, 2016** to **October 5, 2018** subject to revocation for cause.

COLLECTION STATIONS

333 East St. Pittsfield, MA 01201

199 Mystic St. Arlington, MA 02474

108 Grove St. 2nd Fl, Worcester, MA 01605

84A Highland Ave. Ste. 304, Salem, MA 01970

7 Kimball Ln. Bldg C, Ste 1, Lynnfield, MA 01940

21 School St., Quincy, MA 02169

40 Navillus St., Tewksbury, MA 01876

386 Stanley St. Bldg. 1, Fall River, MA 02720


MONICA BHAREL, MD MPH COMMISSIONER OF PUBLIC HEALTH

OCTOBER 6, 2016

DATE ISSUED

POST CONSPICUOUSLY