

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 07D0984131	(X3) Date Survey Completed 12/13/2019
Name of Provider or Supplier Sudipta And Bindu Dey, Md, Inc	Street Address, City, State 127 Pines Bridge Rd, Beacon Falls, CT	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D5781	<p>CORRECTIVE ACTIONS CFR(s): 493.1282(b)(1)</p> <p>(b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(1) Test systems do not meet the laboratory's verified or established performance specifications, as determined in 493.1253(b), which include but are not limited to-- (b)(1)(i) Equipment or methodologies that perform outside of established operating parameters or performance specifications; (b)(1)(ii) Patient test values that are outside of the laboratory's reportable range of test results for the test system; and (b)(1)(iii) When the laboratory determines that the reference intervals (normal values) for a test procedure are inappropriate for the laboratory's patient population.</p> <p>This STANDARD is not met as evidenced by:</p>