

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  07D2017623	<b>(X3) Date Survey Completed</b>  10/01/2018
<b>Name of Provider or Supplier</b>  Ppsne Lab	<b>Street Address, City, State</b>  345 Whitney Ave, New Haven, CT	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D6092</b>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(iv)</p> <p>The laboratory director must ensure an approved corrective action plan is followed when any proficiency testing result is found to be unacceptable or unsatisfactory.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview the laboratory director (LD) failed to document a corrective action plan when unacceptable proficiency testing (PT) score was obtained. Findings include: 1. Record review of laboratory's PT evaluation report from the College of American Pathologists (CAP) on 10/1/18 revealed the laboratory obtained an unacceptable PT score for 2016 HC6-C event for GC-NAA/Urine (Sample ID# HC6-14). The laboratory did not have a corrective action plan documented for the above unacceptable PT score. 2. Staff interview with the testing personnel (TP) on 10/1/18 at 10:30 AM confirmed the above finding. The TP further stated PT results were discussed with the LD but no corrective action was documented. 3. The laboratory performs 100,470 tests in the specilaty of microbiology annually.</p>