

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D0213407	(X3) Date Survey Completed 02/20/2025
Name of Provider or Supplier Pediatric Associates Mont Co	Street Address, City, State 2401 Blueridge Avenue Ste 210, Wheaton, MD	
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
D2007	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory did not rotate testing of proficiency test samples among staff. Findings: 1. Testing person #1 performed the proficiency testing for all three events of the automated hematology analyzer challenges for 2024. 2. This was confirmed during interview with the technical consultant (TC) on 2/20/25 at 11:00 am.</p>