

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D0870654	(X3) Date Survey Completed 10/04/2022
Name of Provider or Supplier Joseph M Porres Md	Street Address, City, State 50 West Edmondston Drive Suite 308, Rockville, 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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on interview with the laboratory director, the morning of the survey, the laboratory did not document at least twice annually, accuracy checks (proficiency testing not included in subpart I) for histology microscopic diagnosis, that could include split sampling of slides from surgery cases to demonstrate accuracy.</p>