

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  22D0673559	<b>(X3) Date Survey Completed</b>  09/25/2019
<b>Name of Provider or Supplier</b>  Jonathan Benjamin, Md & Roger Spingarn, Md, Llc	<b>Street Address, City, State</b>  1400 Centre St, Newton Centre, MA	
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>D0000</b>	A CLIA recertification survey was conducted for the Jonathan A Benjamin, MD & Roger W Springarn, MD, LLC laboratory pursuant to the Clinical Laboratory Improvement Amendments (CLIA) of 1988 and CLIA regulations at 42 CFR 493.
<b>D5217</b>	<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 record review and interview, the laboratory failed to verify at least twice annually procedures it performs that are not included in subpart I of this part as evidenced by the following: A review of the laboratory's proficiency testing records and procedure manual was performed on 9/25/19. The review revealed that the laboratory did not have a procedure in place to verify the accuracy of wet mount preparations. Testing person 1 interviewed on 9/25/19 at 11:00 AM confirmed that the laboratory failed to verify wet mount preparations at least twice annually. The laboratory performs 7 wet mount preparations annually.</p>