

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0104132	(X3) Date Survey Completed 01/24/2024
Name of Provider or Supplier Tenafly Pediatrics	Street Address, City, State 301 Bridge Plaza North, Fort Lee, NJ	
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
D3009	<p>FACILITIES CFR(s): 493.1101(c)</p> <p>The laboratory must be in compliance with applicable Federal, State, and local laboratory requirements.</p> <p>This STANDARD is not met as evidenced by: Based on an in-office review of the laboratory's requirements for a New Jersey State Clinical Laboratory License (NJCLL) under New Jersey Statutes Annotated: N.J.S.A. 45:9-42.28. License; necessity; categories, the laboratory failed to maintain a NJCLL for calendar year 2024 or any prior years. The Laboratory manager confirmed on 1/24 /24 at 11:30 am that the laboratory did not maintain a NJCLL for 2024 or any prior years.</p>
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Final Reports (FR) and interview with the Office Manager (OM), the laboratory failed to ensure FR for Overnight Throat cultures</p>

included all required information from 6/17/21 to the date of the survey. The finding includes: 1. A review of ten FR revealed that five out of ten did not have the date and time the specimen was collected and the date and time results were reported. 2. The OM confirmed on 1/24/24 at 11:50 am that the FR did not include all required information.

D5807

TEST REPORT
CFR(s): 493.1291(d)

Pertinent "reference intervals" or "normal" values, as determined by the laboratory performing the tests, must be available to the authorized person who ordered the tests and, if applicable, the individual responsible for using the test results.

This STANDARD is not met as evidenced by:
Based on the surveyor review of the Final Report (FR) and interview with the Office Manager (OM), the laboratory failed to have a Reference Range (RR) for Overnight Throat Culture from 6/17/21 to the date of the survey. The OM confirmed on 1/24/24 at 11:15 that the above test did not have a RR on the FR.