

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0110608	(X3) Date Survey Completed 06/19/2018
Name of Provider or Supplier Valley Physician Services, Inc	Street Address, City, State 140 E Ridgewood Ave, Paramus, 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
D5401	<p>PROCEDURE MANUAL CFR(s): 493.1251(a)</p> <p>A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Procedure Manual (PM) and interview with the Office Manager (OM), the laboratory failed to follow Microscope Maintenance procedure from 6/07/16 to the date of survey. The finding includes: 1.The PM stated that microscope maintenance was done biannually. 2. Microscope maintenance was done annually. 3. The OM confirmed on 6/19/18 at 10:00 am that PM was not followed.</p>