

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0117244	(X3) Date Survey Completed 10/10/2018
Name of Provider or Supplier Professional Gastroenterology Associates	Street Address, City, State 1939 Rt 70 E Suite 250, Cherry Hill, 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
D5601	<p>HISTOPATHOLOGY CFR(s): 493.1273(a)(f)</p> <p>(a) As specified in 493.1256(e)(3), fluorescent and immunohistochemical stains must be checked for positive and negative reactivity each time of use. For all other differential or special stains, a control slide of known reactivity must be stained with each patient slide or group of patient slides. Reactions of the control slide with each special stain must be documented. (f) The laboratory must document all control procedures performed, as specified in this section.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of Quality Control (QC) records and interview with the Laboratory Director (LD), the laboratory failed to document the reaction of the Immunohistochemical Stains (IS) for positive and negative reactivity from 10/25/16 to the date of the survey. The LD confirmed on 10/10/18 at 10:25 am that IS were not checked for positive and negative reactivity.</p>