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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 31D0117244 | (X3) Date Survey Completed 05/20/2021 |
| 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 |
|---------------------------|---|
| 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), observation of the microscope and interview with the Laboratory Director (LD) , the laboratory failed to follow the procedure to "Maintain Equipment" from July 2019 to the date of survey. The finding includes: 1. The PM stated to perform preventive maintenance annually but there was no evidence of preventative maintenance performed since July 2018. 2. The LD confirmed on 5/20/21 at 11:00 am that the laboratory did not follow the PM.</p> |