

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0118416	(X3) Date Survey Completed 09/04/2024
Name of Provider or Supplier Pediatric Affiliates, Pa	Street Address, City, State 1616 Route 72 West, Manahawkin, 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
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of Competency Assessment (CA) records and interview with the Clinical Consultant (CC), the laboratory failed to perform a CA on two out of eight testing personnel for the calendar year, 2022 and 2023. The CC confirmed on 9/6/24 at 10:30 am that the CA was not performed as stated above.</p>