Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0120662	(X3) Date Survey Completed 10/26/2018
Name of Provider or Supplier Robert M Goldberg Md Pa	**Street Address, City, State** 727 Shore Road, Somers Point, 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
D5783	CORRECTIVE ACTIONS CFR(s): 493.1282(b)(2) (b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(2) Results of control or calibration materials, or both, fail to meet the laboratory's established criteria for acceptability. All patient test results obtained in the unacceptable test run and since the last acceptable test run must be evaluated to determine if patient test results have been adversely affected. The laboratory must take the corrective action necessary to ensure the reporting of accurate and reliable patient test results. This STANDARD is not met as evidenced by: Based on surveyor review of the Quality Control (QC) records and interview with Laboratory Director (LD), the laboratory failed to take corrective action when controls were out of range for Hematology Tests on the Beckman Coulter AcT Diff 2 on 8/30 /18. The findings include: 1. A review of the QC records revealed: a. On 8/30/18 the White Blood Cell (WBC), Hemoglobin (HGB), Hematocrit (HCT) and Platelet count were out of range on two out of three level of controls run. 2. Approximately 5 patients were run and reported. 3. The LD confirmed on 10/26/18 at 11:00 am that corrective action on failure of QC was not performed.