

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  31D0120827	<b>(X3) Date Survey Completed</b>  08/15/2023
<b>Name of Provider or Supplier</b>  Internal Medicine Associates, Pa	<b>Street Address, City, State</b>  201 Laurel Heights Drive, Bridgeton, NJ	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5401</b>	<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 Testing Personnel (TP), the laboratory failed to have a procedure for Quality control verification (QVC) for Endocrinology, Hematology and Routine Chemistry testing from 6/24/21 to the date of survey. The TP confirmed on 8/15/23 at 11:30 am that the laboratory failed to have the above mentioned procedure.</p>