

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0122641	(X3) Date Survey Completed 09/05/2018
Name of Provider or Supplier Neal Gittleman Md	Street Address, City, State 450 East Kennedy Boulevard, Lakewood, 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
D3037	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(4)</p> <p>Proficiency testing records. Retain all proficiency testing records for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of Proficiency Testing (PT) records and interview with the Testing Personnel (TP), the laboratory failed to retain copies of all PT records for testing performed with the College of American Pathologists (CAP) in the calendar year 2017 and 2018. The findings include: 1. The laboratory did not have graded PT results for event Microbiology D1-B in 2017. 2. The laboratory did not have graded PT results for event Microbiology D1-A in 2018. 3. The TP# 1 listed on CMS form 209 confirmed on 9/5/18 at 11:00 am that PT records were not maintained.</p>