

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 31D0123149	<b>(X3) Date Survey Completed</b> 04/24/2018
<b>Name of Provider or Supplier</b> Bruce L Warshauer Md	<b>Street Address, City, State</b> 2424 Bridge Avenue, Pt Pleasant, 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>D5217</b>	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on lack of the Biannual Assessment (BA) records and interview with the Office Manager (OM), the laboratory failed to verify the accuracy of Reading of Biopsy slides twice annually from 4/12/16 to the date of the survey. The OM confirmed on 4/27/18 at 9:30 am the laboratory did not verify the accuracy of Biopsy slides.</p>
<b>D5291</b>	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236.</p> <p>This STANDARD is not met as evidenced by: Based on review of Procedure Manual and interview with the Testing Personnel (TP), the laboratory failed to establish written procedure for Biannual Assessment (BA) from 3/5/14 to the date of survey. The TP listed on the CMS form 209 confirmed on 4/12/16 at 1:15 PM that a BA procedure was not established.</p>