Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0123548	(X3) Date Survey Completed 02/01/2018
Name of Provider or Supplier Pediatric Affiliates, Pa	**Street Address, City, State** 40 Bey Lea Road, Toms River, 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
D5807	TEST REPORT CFR(s): 493.1291(d) Pertinent "reference intervals" or "normal" values, as determined by the laboratory performing the tests, must be available to the authorized person who ordered the tests and, if applicable, the individual responsible for using the test results. This STANDARD is not met as evidenced by: Based on surveyor review of the Final Report (FR) and interview with the Office Manager (OM), the laboratory failed to include the Normal Reference Intervals (NRI) for Urine Culture tests from 12/22/15 to the date of survey. The OM confirmed on 2/1 /18 at 10:55 am that the laboratory failed to include the NRI on the FR.