

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0123548	(X3) Date Survey Completed 02/07/2020
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
D5801	<p>TEST REPORT CFR(s): 493.1291(a)</p> <p>The laboratory must have an adequate manual or electronic system(s) in place to ensure test results and other patient-specific data are accurately and reliably sent from the point of data entry (whether interfaced or entered manually) to final report destination, in a timely manner. This includes the following: (a)(1) Results reported from calculated data. (a)(2) Results and patient-specific data electronically reported to network or interfaced systems. (a)(3) Manually transcribed or electronically transmitted results and patient-specific information reported directly or upon receipt from outside referral laboratories, satellite or point-of-care testing locations.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Final Report (FR) Accession Log (AL), Electronic Medical Record (EMR) and interview with the Office Manager (OM) the laboratory failed to ensure test results were reported accurately into the EMR on 4/1/19. The finding includes: 1. A review of ten AL entries revealed one patient has a result of "Pos" in the AL but the EMR had "Negative". 2. The OM confirmed on 2/7/20 at 1:30 pm that the laboratory did not ensure test results were accurately recorded in the EMR.</p>