

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0653051	(X3) Date Survey Completed 04/04/2023
Name of Provider or Supplier Burlington County Health Department	Street Address, City, State 15 Pioneer Boulevard, Westampton, 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
D5221	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d)</p> <p>All proficiency testing evaluation and verification activities must be documented.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Proficiency Testing (PT) records and interview with the Office Manager (OM), the laboratory failed to evaluate results when they received an unacceptable score in Gram Stain tests performed with the the Collage of American Pathologists form 9/17/2021 to the date of survey. The finding include: 1. The laboratory received an "Unacceptable" result Gram Stain on samples D5-01, D5-02 in A-2022 and D5-10 in B-2021. 2. The laboratory received an code "27" lack of participation or referee consensus. 2. There was no documented evidence that the laboratory investigated the failures. 3. The OM confirmed on 4/4/2023 at 11:10 am that the laboratory did not perform and document an evaluation of unacceptable PT results. Note: This was previously cited.</p>
D6018	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iii)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(iii) Ensure that all proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action;</p> <p>This STANDARD is not met as evidenced by:</p>

Based on surveyor review of Proficiency Testing (PT) records and interview with the Office Manager (OM), the Laboratory Director (LD) failed to ensure that all PT results received were reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action for Gram Stain testing performed with the College of American Pathologists (CAP) in events B 2021 and A 2022. The OM confirmed on 4/4/23 at 11:30 am that the CAP PT results were not reviewed.