

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0653051	(X3) Date Survey Completed 09/17/2024
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
D5803	<p>TEST REPORT CFR(s): 493.1291(b)</p> <p>Test report information maintained as part of the patient's chart or medical record must be readily available to the laboratory and to CMS or a CMS agent upon request.</p> <p>This STANDARD is not met as evidenced by: Based on the surveyor review of Accession Log (AL), Final Reports (FR) and interview with the Office Manager (OM), the laboratory failed to have FR on one out of six FR reviewed on the date of survey. The OM confirmed on 9/17/24 at 11:00 am that the laboratory did not maintain all FR.</p>