Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	31D0670316	05/04/2021
Name of Provider or Supplier	**Street Address, City, State**	
Valley Pediatric Assoc Pa	201 East Franklin Tpke, Ho Ho Kus, 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
D5891	POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a) 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 postanalytic systems specified in 493.1291. This STANDARD is not met as evidenced by: Based on surveyors review of the Accession Log (AL), Test Report (TR) and interview with the Testing Personnel (TP), the laboratory failed to follow procedures to correct problems identified on the TR for Throat Cultures (TC) tests in the calendar year 2021. The finding includes: 1. Six out of ten patients reviewed did not have the correct collection date for TC on the TR. 2. The TP #7 listed on CMS form 209 confirmed on 5/4/2021 at 2:00 pm the laboratory failed to identify problems on the TR.