

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0675421	(X3) Date Survey Completed 04/13/2021
Name of Provider or Supplier Jay D Geller Md Pc	Street Address, City, State 310 Route 24 East, Chester, 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
D6106	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(14)</p> <p>The laboratory director must ensure that an approved procedure manual is available to all personnel responsible for any aspect of the testing process.</p> <p>This STANDARD is not met as evidenced by: Based on lack of a Procedure Manual (PM) and interview with the Office Manager (OM), the Laboratory Director (LD) failed to have an approved PM for the professional component of Histopathology testing from 4/26/18 to the date of the survey. The OM confirmed on 4/13/21 at 9:45 am that the LD did not ensure an approved PM was available.</p>