

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0679767	(X3) Date Survey Completed 05/07/2024
Name of Provider or Supplier Hackensack Meridian Health Network	Street Address, City, State 1030 St Georges Ave, Avenel, 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
D3037	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(4)</p> <p>Proficiency testing records. Retain all proficiency testing records for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of Proficiency Testing (PT) records and interview with the Testing Personnel (TP), the laboratory failed to retain graded results for Hematology /coagulation PT events 2-2023 1-2023 performed with the American Proficiency Institute. The TP confirmed on 5/7/24 at 10:45 am that all PT graded results were not retained.</p>