

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0694479	(X3) Date Survey Completed 04/04/2018
Name of Provider or Supplier Comprehensive Cancer And Hematology	Street Address, City, State 900 Medical Center Drive Suite 200, Sewell, 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	<p>POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Procedure Manual (PM) and interview with the Testing Personnel (TP), the laboratory failed to have a procedure to verify manually entered "Manual Differentials" results into electronic medical records for accuracy at the time of survey. The TP#1 listed on CMS form 209 confirmed on 4/4/18 at 10:00 am that the laboratory did not have the procedure mentioned above.</p>