

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0715825	(X3) Date Survey Completed 06/01/2021
Name of Provider or Supplier University Urology Assoc Of Nj	Street Address, City, State 20 Hospital Dr Suite 15, Toms River, 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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Biannual Assessment (BA) records and interview with the Clinical Consultant (CC), the laboratory failed to verify the accuracy of Cytology & Histopathology testing twice annually in the calendar year 2019. The CC confirmed on 6/10/21 at 10:30 pm that the laboratory did perform BA for Cytology & Histopathology testing in 2019.</p>