

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0716005	(X3) Date Survey Completed 04/05/2018
Name of Provider or Supplier Navesink Pediatrics	Street Address, City, State 55 N Gilbert St, Tinton Falls, 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
D5477	<p>CONTROL PROCEDURES CFR(s): 493.1256(e)(4)(g)</p> <p>(e) For reagent, media, and supply checks, the laboratory must do the following: (e) (4) Before, or concurrent with the initial use-- (e)(4)(i) Check each batch of media for sterility if sterility is required for testing; (e)(4)(ii) Check each batch of media for its ability to support growth and, as appropriate, select or inhibit specific organisms or produce a biochemical response; and (e)(4)(iii) Document the physical characteristics of the media when compromised and report any deterioration in the media to the manufacturer. (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of Quality Control (QC) records and interview with the Testing Personnel (TP), the laboratory failed to check QC on each batch of Selective Strep Agar (SSA) used for Throat Culture testing from 3/15/16 to the date of the survey. The findings include: 1. The laboratory did not check SSA for: a. Ability to support growth. b. Ability to select or inhibit specific organisms 2. The TP confirmed on 4/5/18 at 10:30 am that the laboratory did not perform the above-mentioned QC checks.</p>