

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  31D0723323	<b>(X3) Date Survey Completed</b>  11/15/2018
<b>Name of Provider or Supplier</b>  Hmhmg Specialty Care	<b>Street Address, City, State</b>  2671 State Highway 70, Manasquan, NJ	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D6091</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1445(e)(4)(iii)</p> <p>The laboratory director must ensure all proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Biannual Assessment records and interview with the Laboratory Consultant (LC), the Laboratory Director (LD) failed to evaluate the performance of Histopathology and Cytology testing in the calendar years 2017 and 2018. The findings include: 1) There was no notation in the BA stating that the physicians agreed on the diagnosis. 2) There was no evidence that a license pathologist reviewed the slides. 3) The LC confirmed on 11/15/18 at 12:10 pm that the laboratory did not verify the accuracy of Histopathology testing twice annually.</p>