

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  31D0868142	<b>(X3) Date Survey Completed</b>  01/24/2018
<b>Name of Provider or Supplier</b>  Ocean Family Gastroenterology	<b>Street Address, City, State</b>  301 Lakehurst Road, Toms River, 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>D5401</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(a)</p> <p>A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Procedure Manual (PM) and interview with the Laboratory Director (LD), the laboratory failed to ensure that the name of the facility was on the laboartory procedures from 11/2/15 to the date of survey. The LD confirmed on 1/24/18 at 12:00 pm that there was no name on the PM.</p>