

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0870711	(X3) Date Survey Completed 05/21/2019
Name of Provider or Supplier Pagnani Braga Kimmel Urologic Assoc, Pa	Street Address, City, State 222 New Road, Building 700, Linwood, 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 the lack of a Biannual Assessment (BA) records and interview with the Office Manager (OM), the laboratory failed to verify the accuracy of Histopathology and Cytology testing twice annually in the calendar years 2017 and 2018. The OM confirmed on 5/21/19 at 11:50 am the laboratory did not perform BA twice annually.</p>