

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  31D0875292	<b>(X3) Date Survey Completed</b>  06/15/2021
<b>Name of Provider or Supplier</b>  Office Lab Dr R Adelizzi	<b>Street Address, City, State</b>  215 E Laurel Road, Stratford, 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>D5217</b>	<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 Laboratory Director (LD), the laboratory failed to verify the accuracy of Synovial Fluid testing twice annually in the calendar year 2020. The LD confirmed on 6/15/21 at 10:30 am that the laboratory did not perform BA for Synovial Fluid testing twice in 2020.</p>