

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0933016	(X3) Date Survey Completed 04/25/2023
Name of Provider or Supplier Advanced Medical Care Center	Street Address, City, State 22 Madison Avenue, Paramus, 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
D3009	<p>FACILITIES CFR(s): 493.1101(c)</p> <p>The laboratory must be in compliance with applicable Federal, State, and local laboratory requirements.</p> <p>This STANDARD is not met as evidenced by: Based on an in-office review of the laboratory's requirements for a New Jersey State Clinical Laboratory License (NJCLL) under New Jersey Statutes Annotated: N.J.S.A. 45:9-42.28. License; necessity; categories, the laboratory failed to maintain NJCLL for 2023. The Supervisor for the Clinical Laboratory Improvement Services (CLIS) confirmed on 4/25/23 that the laboratory did not have a NJCLL license for 2023.</p>