

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  31D0954290	<b>(X3) Date Survey Completed</b>  07/22/2021
<b>Name of Provider or Supplier</b>  Allergy Diagnostic & Treatment Ctr Llc	<b>Street Address, City, State</b>  33 Overlook Road, Summit, 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>D5209</b>	<p><b>PERSONNEL COMPETENCY ASSESSMENT POLICIES</b> CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of Competency Assessment (CA) records and interview with the Testing Personnel (TP), the laboratory failed to follow written procedures to perform a CA on one of seven Testing Personnel for the calendar year 2020. The TP #1 listed on CMS from 209 confirmed on 7/22/21 at 10:40 am that the CA procedure was not followed as stated above.</p>