

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0972314	(X3) Date Survey Completed 08/16/2021
Name of Provider or Supplier Atlantic Oncology Associates, Llc	Street Address, City, State 54 West Jimmie Leeds Road, Galloway Township, 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
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history. This CONDITION is not met as evidenced by: Based on an office review of the CASPER reports 153 and 155 and Proficiency Testing (PT) provider reports, the laboratory failed to achieve a score of 80% or more for Hematology tests performed with the American College of Physicians, Medical Laboratory Evaluation (MLE). The finding includes: 1) The laboratory scored a 60% for Hematocrit and Erythrocyte count in event 1-21 and 2-21 with the MLE.
D2130	HEMATOLOGY CFR(s): 493.851(f)

Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance.

This STANDARD is not met as evidenced by:

Based on an office review of the proficiency testing provider reports and CASPER reports 153 and 155 and Proficiency Testing (PT), the laboratory failed to achieve a score of 80% or more in two out of three event for Hematology tests performed with the American College of Physicians, Medical Laboratory Evaluation (MLE). The findings include: 1) The laboratory scored a 60% for Hematocrit and Erythrocyte count in event 1-21 and 2-21 with the MLE.

D6000

MODERATE COMPLEXITY LABORATORY DIRECTOR
CFR(s): 493.1403

The laboratory must have a director who meets the qualification requirements of 493.1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart.

This CONDITION is not met as evidenced by:

Based on an office review of the laboratory's performance in Proficiency Testing (PT) surveys, the Laboratory Director failed to provide appropriate direction to the laboratory personnel to ensure that the PT surveys were performed satisfactorily and compliance with the CLIA regulations are maintained.