

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D1011872	(X3) Date Survey Completed 08/28/2024
Name of Provider or Supplier American Health Care Services Pc	Street Address, City, State 228 Main Street, Woodbridge, 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
D3037	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(4)</p> <p>Proficiency testing records. Retain all proficiency testing records for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of Proficiency Testing (PT) records and interview with the Testing Personnel (TP), the laboratory failed to retain graded results for ABO Blood Grouping PT events 2-2024 1-2024 performed with the American Association of Bioanalysts. The TP confirmed on 8/28/24 at 1:45 pm that all PT graded results were not retained.</p>