

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D1021318	(X3) Date Survey Completed 01/22/2020
Name of Provider or Supplier Tenafly Pediatrics-Clifton Facility	Street Address, City, State 1135 Broad Street, Clifton, 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
D5477	<p>CONTROL PROCEDURES CFR(s): 493.1256(e)(4)(g)</p> <p>(e) For reagent, media, and supply checks, the laboratory must do the following: (e) (4) Before, or concurrent with the initial use-- (e)(4)(i) Check each batch of media for sterility if sterility is required for testing; (e)(4)(ii) Check each batch of media for its ability to support growth and, as appropriate, select or inhibit specific organisms or produce a biochemical response; and (e)(4)(iii) Document the physical characteristics of the media when compromised and report any deterioration in the media to the manufacturer. (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on the surveyor review of the Quality Control (QC) records and interview with the Laboratory Director (LD), the laboratory failed to check each new lot number and shipment of Throat Culture media for its physical characteristics and sterility from 3 /23/18 to the date of the survey. The LD confirmed on 1/22/2020 at 12:50 pm the laboratory did not perform the above QC.</p>