

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D1029361	(X3) Date Survey Completed 05/22/2018
Name of Provider or Supplier Optum Medical Care Of Nj Pc	Street Address, City, State 475 Route 70 W, Lakewood, 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
D3031	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(3)</p> <p>Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Quality Control (QC) records, Procedure Manual and interview with the Office Manager (OM), the laboratory failed to retain the QC Slides for Hematoxylin and Eosin stain from 4/20/16 to the date of survey. The OM confirmed on 5/22/18 at 10:00 am that the QC slides were not retained.</p>
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Biannual Assessment (BA) records, Procedure Manual (PM) and interview with the Office Manager (OM), the laboratory failed to verify the accuracy of Histopathology testing twice annually from 4/20/16 to the date of the survey. The finding includes; 1) The BA was performed once in 2017 and 2016. 2) The OM confirmed on 5/22/18 at 10:00 am the laboratory did not verify the accuracy of Histopathology testing twice annually.</p>