Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	31D1032286	12/04/2018
Name of Provider or Supplier	**Street Address, City, State**	
Bhmg/West Park Pediatrics	921 East County Line Road, 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
D5803	TEST REPORT CFR(s): 493.1291(b) Test report information maintained as part of the patient's chart or medical record must be readily available to the laboratory and to CMS or a CMS agent upon request. This STANDARD is not met as evidenced by: Based on the surveyor review of the Patients Medical Records (PMR), Test Results (TR) and interview with the General Supervisor (GS), the laboratory failed to have TR fro Hematology testing on two out of seven PMR reviewed from 1/29/18 to the date of the survey. The GS confirmed on 12/4/18 at 11:20 am that the TR was not in all the PMR .