

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D1032286	(X3) Date Survey Completed 07/27/2021
Name of Provider or Supplier Bhmg/West Park Pediatrics	Street Address, City, State 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
D5211	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a)</p> <p>The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Proficiency Testing (PT) records and interview with the Nurse Manager (NM), the laboratory failed to review and evaluate PT results obtained from Wisconsin State Laboratory of Hygiene (WSLH)) for Hematology performed in 2020. The findings include: 1. There was no evidence of evaluation documented. The Proficiency Testing Evaluation was not signed and dated for WSLH PT 2020-HemeReg1 and WSLH PT-HemeReg2 in 2020 2. The NM confirmed on 7/27 /21 at 10:30 am that the laboratory did not review and evaluate all PT results.</p>
D5221	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d)</p> <p>All proficiency testing evaluation and verification activities must be documented.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Proficiency Testing (PT) records and interview with the Nurse Manager (NM), the laboratory failed to review and evaluate results when they received an unacceptable score in Selective Group A Strep agar + Bacitracin disk tests performed with the Wisconsin State Laboratory of Hygiene (WSLH) Proficiency Testing for the first event in the calendar year 2020. The finding includes: 1. The laboratory received an unacceptable score for Selective Group A Strep agar +</p>

Bacitracin disk test sample ST-1 (Fail) 2 There was no documented evidence that the laboratory investigated the failure. 3. The NM confirmed on 7/27/21 at 10:30 am that the laboratory did not review and document an evaluation of unacceptable PT results.

D6018

LABORATORY DIRECTOR RESPONSIBILITIES
CFR(s): 493.1407(e)(4)(iii)

The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(iii) Ensure that all proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action;

This STANDARD is not met as evidenced by:
Based on surveyor review of Proficiency Testing (PT) records and interview with the Nurse Manager (NM), the Laboratory Director (LD), failed to ensure that PT results received were reviewed by the appropriate staff to identify any problems that require corrective action for Group A Strep testing performed with Wisconsin State Laboratory of Hygiene (WSLH) for the first event in the calendar year 2020. The NM confirmed on 7/27/21 at 10:30 am that the PT results were not reviewed.