

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D1041265	(X3) Date Survey Completed 06/05/2019
Name of Provider or Supplier Accu-Reference Medical Lab Llc	Street Address, City, State 1901 East Linden Avenue, Linden, 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
D5891	<p>POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems specified in 493.1291.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Final Report (FR) and interview with the Laboratory Director (LD), the laboratory failed to identify problems on the FR for Drug Screen tests performed on the Beckman AU 580 from 1/2/19 to the date of the survey. The finding includes: 1. The Asterisk (*) on the FR referenced a comment which stated "all positive clinical drug screens must be considered presumptive positive and unconfirmed" but the results it referenced were not positive results. 2. The LD confirmed on 6/5/19 at 1:30 pm the the laboratory did not identify problems on the FR.</p>