

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D1067693	(X3) Date Survey Completed 05/20/2026
Name of Provider or Supplier Bhmg Ocean Hematology And Oncology	Street Address, City, State 67 Rt 37 W, Toms River, 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>(a) 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 Procedure Manual (PM) and interview with the Testing Consultant (TC), the laboratory failed to establish a procedure for verifying results manually scanned in and uploaded into the Electronic Medical Record (EMR) from 7/17/24 to 5/20/26. The finding includes. 1. The laboratory failed to have a procedure to verify manually entered test results to ensure accuracy in the postanalytic systems. 2. The TC confirmed on 5/20/26 at 11:15 am that the laboratory failed to have a procedure for verifying manually entered results in to the EMR.</p>