

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D1069749	(X3) Date Survey Completed 10/15/2019
Name of Provider or Supplier Hackensack Meridian Health Network	Street Address, City, State 2 Hospital Plaza, Old Bridge, 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
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 Testing Personal (TP), the laboratory failed to evaluate results when they received an unacceptable score in Hematology tests performed with the the American Proficiency Institute for first and second events for the calendar year 2019. The finding include: 1. The laboratory received an "Unacceptable" result for Mean Corpuscular Hemoglobin Concentration sample number HSY-04 in 1-2019. 2. The laboratory received an "Unacceptable" result for Hematocrit sample number HSY-10 in 2-2019. 3. There was no documented evidence that the laboratory investigated the failures. 4. The TP confirmed on 10/15/19 at 1:10 pm that the laboratory did not perform and document an evaluation of unacceptable PT results.</p>