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| <b>Statement of Deficiencies</b>   | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br>31D1083507   | <b>(X3) Date Survey Completed</b><br>02/25/2020 |
| <b>Name of Provider or Supplier</b><br>Jfk Medical Center Satellite Emergency  | <b>Street Address, City, State</b><br>1200 Randolph Road, Plainfield, NJ |   |
| For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency. |  |   |

| <b>(X4) ID Prefix Tag</b> | <b>Summary Statement of Deficiencies</b>  |
|---------------------------|---|
| <b>D5891</b>              | <p>POSTANALYTIC SYSTEMS QUALITY ASSESSMENT<br/>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:<br/>Based on surveyor review of the Procedure Manual (PM) and interview with the General Supervisor (GS), the laboratory failed to establish a procedure for verifying manually entered results from 3/22/18 to the date of survey. The GS confirmed on 2/25/20 at 12:10 pm that the laboratory did not have the procedure mentioned above.</p> |