

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D1092859	(X3) Date Survey Completed 09/07/2021
Name of Provider or Supplier Gastroenterology Consultants	Street Address, City, State 24-07 A Broadway, Fair Lawn, 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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Biannual Assessment (BA) records and interview with the Office Manager (OM), the laboratory failed to verify the accuracy of Histopathology testing twice annually in the calendar 2020. The OM confirmed on 9/7 /21 at 10:00 am that the laboratory did not perform BA for Histopathology testing twice in 2020.</p>