

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  31D2033115	<b>(X3) Date Survey Completed</b>  07/19/2018
<b>Name of Provider or Supplier</b>  Professional Pain Management Associates	<b>Street Address, City, State</b>  1401 Marlton Pike East Suite 10, Cherry Hill, 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>D0000</b>	A survey was conducted on 7/19/18 for a PT referral complaint. I spoke with Dr Mc Cabe who stated no laboratory testing has been performed in the time he has been with the practice. The process of urine collection was reviewed. The cup is given to the patient once they are checked in by an employee who sits by the front door. The bathroom is located close to the location where the cup is given. She records the temperature in the patient's record or on the daily log next to their name and puts it in a bag with the paperwork. All specimens are delivered to the Professional Pain Management Laboratory in Williamstown. I went on a tour of the facility and observed the nursing station, patient rooms, bathroom and store room. Laboratory testing supplies were not seen in any location.