

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D2037524	(X3) Date Survey Completed 12/10/2024
Name of Provider or Supplier Penn Medicine Hematology/Oncology	Street Address, City, State 200 Bowman Drive, Voorhees, 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 Technical Consultant (TC) the laboratory failed to review coded results for Hematology Testing performed with the American Proficiency Institute (API) in the first event of 2024. The findings include: 1. The laboratory received a coded result (Code 6 -Educational Sample) for Educational Blood Cell Identification as follows: a) 1st event 2024 sample DIF-01 RBC Morphology 2. There was no documented evidence that coded PT result was reviewed. 3. The TC confirmed on 12/10/24 at 10: 15 am that the laboratory did not review coded PT results.</p>