Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 31D2069221	**(X3) Date Survey Completed** 07/28/2021
Name of Provider or Supplier Northern Valley Allergy, Asthma & Sinus Center	**Street Address, City, State** 8901 John F Kennedy Blvd Suite 4sw, North Bergen, 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**
D5433	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(b)(1) For equipment, instruments, or test systems developed in-house, commercially available and modified by the laboratory, or maintenance and function check protocols are not provided by the manufacturer, the laboratory must establish a maintenance protocol that ensures equipment, instrument, and test system performance that is necessary for accurate and reliable test results and test result reporting. The laboratory must perform and document the maintenance activities specified in paragraph (b)(1)(i) of this section. This STANDARD is not met as evidenced by: Based on lack of Microscope Maintenance Records (MMR), and review of the Procedure Manual (PM) and interview with the Office Manager (OM), the laboratory failed to establish a maintenance protocol for the microscope from 11/20/13 to the date of the survey. The OM confirmed on 7/28/21 at 11:30 am that the laboratory did not establish a maintenance protocol for the microscope.