

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  31D2070721	<b>(X3) Date Survey Completed</b>  02/24/2020
<b>Name of Provider or Supplier</b>  Coyle S Connolly, Do Pa	<b>Street Address, City, State</b>  2099 New Albany Road, Cinnaminson, 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>D5217</b>	<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 and reliability of Histopathology testing twice a year in the calendar years 2018 and 2019. The findings include: 1. The form used for BA was entitled Quality Assurance, proficiency testing. 2. There was no acknowledgment that the reviewing physicians diagnosis agreed or disagreed with the referring physicians diagnosis. 3. The names of reviewing physician and the referring physician were not on the form. 2. The BA was not signed by the reviewing physician or the referring physician. 4. The OM confirmed on 2/24/20 at 1:00 pm that BA was not performed.</p>