

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D2113569	(X3) Date Survey Completed 02/21/2019
Name of Provider or Supplier Active Foot & Ankle Care, Llc	Street Address, City, State 4-14 Saddle River Road, Suite 101, 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
D5787	<p>TEST RECORDS CFR(s): 493.1283(a)</p> <p>The laboratory must maintain an information or record system that includes the following: (a)(1) The positive identification of the specimen. (a)(2) The date and time of specimen receipt into the laboratory. (a)(3) The condition and disposition of specimens that do not meet the laboratory's criteria for specimen acceptability. (a)(4) The records and dates of all specimen testing, including the identity of the personnel who performed the test(s).</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Accession Log (AL) and interview with the Laboratory Consultant (LC) via telephone, the laboratory failed to maintain an accurate record system for Histopahtology tests on the date of survey. The finding includes: 1. The AL did not include the number of slides received from the technical component laboratory. 2. The LC confirmed on 2/21/19 at 10:00 am via telephone that the laboratory did not maintain an accurate record system.</p>