Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	31D2114321	11/09/2021
Name of Provider or Supplier	**Street Address, City, State**	
Pediatricare Associates	1225 Mcbride Avenue, Woodland Park, 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
D5211	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a) The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part. This STANDARD is not met as evidenced by: Based on surveyor review of the Proficiency Testing (PT) records and interview with the Office Manager (OM), the laboratory failed to review and evaluate PT results obtained from the American Association of Bioanalysts (AAB) for the Throat Culture event Q1 2020. The OM confirmed on 11/9/21 at 10:00 am that the laboratory did not review PT results stated above.
D5803	TEST REPORT CFR(s): 493.1291(b) Test report information maintained as part of the patient's chart or medical record must be readily available to the laboratory and to CMS or a CMS agent upon request. This STANDARD is not met as evidenced by: Based on the surveyor review of the Final Reports (FR), Overnight Throat Culture Logs and interview with the Office Manager (OM) the laboratory failed to have a Test Result (TR) on one out of ten FR reviewed from 9/12/18 to the date of the survey. The OM confirmed on 11/9/21 at 10:30 am am that the TR was not on all the FR.