

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D2131425	(X3) Date Survey Completed 02/15/2018
Name of Provider or Supplier Associates In Digestive Diseases Pa	Street Address, City, State 25 Morris Avenue, Springfield, 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
D6094	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5)</p> <p>The laboratory director must ensure that the quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Procedure Manual (PM), Quality Assurance (QA) program and interview with the Clinical Consultant (CC), the Laboratory Director (LD) failed to ensure the QA program was maintained for laboratory testing from 8/30 /17 to the date of the survey. The finding includes: 1. The QA program stated "monthly quality reviews should be done for the 3 phases of laboratory testing" but there was not documented evidence a QA review was performed. 2. The CC confirmed 2/15/18 at 11:00 am that the QA program was not maintained.</p>