

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D2140887	(X3) Date Survey Completed 03/15/2023
Name of Provider or Supplier Ethel Diagnostic Laboratory	Street Address, City, State 4 Ethel Road, Edison, 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
D5217	<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 Procedure Manual (PM), lack of Biannual Assessment (BA) records and interview with the Testing Personnel (TP), the laboratory failed to verify the accuracy and reliability of Histopathology testing twice a year in the calendar year 2021. The finding includes: 1. There was no evidence that a BA was performed in 2021. 2. The TP confirmed on 3/15/23 at 1:00 pm that the laboratory did not verify the accuracy of Histopathology testing twice a year.</p>