

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D2169440	(X3) Date Survey Completed 01/07/2020
Name of Provider or Supplier Csl Plasma, Inc	Street Address, City, State 536 Getty Ave, Clifton, 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
D5807	<p>TEST REPORT CFR(s): 493.1291(d)</p> <p>Pertinent "reference intervals" or "normal" values, as determined by the laboratory performing the tests, must be available to the authorized person who ordered the tests and, if applicable, the individual responsible for using the test results.</p> <p>This STANDARD is not met as evidenced by: Based on the surveyor review of the Final Reports (FR) and interview with the Associate Director (AD) of Operation and Quality, the laboratory failed to have a Reference Range (RR) for Total Protein (TP) tests from 8/20/19 to the date of the survey. The AD confirmed on 1/7/2020 at 12:00 pm that TP tests did not have a RR on the FR.</p>