

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D0008253	(X3) Date Survey Completed 06/25/2018
Name of Provider or Supplier Medical Station Of North Shore Pc, The	Street Address, City, State 480 Forest Avenue, Suite 403, Locust Valley, NY	
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	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a)</p> <p>The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.</p> <p>This STANDARD is not met as evidenced by: Based on the surveyor's review of American Academy of Family Physicians (AAFP) Proficiency Testing (PT) reports and an interview with the testing person, the laboratory failed to evaluate, perform and document remedial action for the PT score of less than 100% for the Red Blood Cell (RBC) = 80% for the first event of 2018.</p>
D5407	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's procedure manual, at the time of this survey and an interview with the testing person, the current laboratory director failed to approve (sign and date) the laboratory procedure manual. The procedure manual was last signed and dated in October 2015.</p>