

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 33D0151236	<b>(X3) Date Survey Completed</b> 03/30/2018
<b>Name of Provider or Supplier</b> Austin Medical Associates Pc	<b>Street Address, City, State</b> 70-10 Austin Street Suite 101, Forest Hills, NY	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D1001</b>	<p>CERTIFICATE OF WAIVER TESTS CFR(s): 493.15(e)</p> <p>Laboratories eligible for a certificate of waiver must-- (1) Follow manufacturers' instructions for performing the test; and (2) Meet the requirements in subpart B, Certificate of Waiver, of this part.</p> <p>This STANDARD is not met as evidenced by: Based on a lack of laboratory quality control (QC) records and an interview with the laboratory director, the laboratory failed to test QC material when a new bottle of Siemens' 10 SG reagent strips are opened. Findings Include: It was confirmed by the laboratory director on March 30, 2018, at approximately 2:00 pm that the laboratory failed to follow the manufacturer's instruction for the Siemens' 10 SG reagent strips and test a positive and negative controls prior to patient testing. Approximately 1140 patient tests were performed for urinalysis and results reported for 2017.</p>