

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D0158397	(X3) Date Survey Completed 06/02/2023
Name of Provider or Supplier Susan Gunduz Md	Street Address, City, State 205 East Main Street, Suite 2-6, Huntington, 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
D2009	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on review of CAP Proficiency Testing (PT) reports, the laboratory director and testing person failed to sign the attestation forms attesting that the PT samples were tested in the same manner as patient specimens. FINDINGS: 1. Attestation forms for the first, second, and third events of 2022 as well as the first event of 2023 did not include documented signatures. 2. Confirmed the findings by interview with the lab director on June 2, 2023, at approximately 10:30 A.M.</p>
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 review of CAP PT reports, the laboratory failed to evaluate and document corrective action for PT scores less than 100% for the following events: Confirmed findings by interview with the lab director on June 2, 2023, at approximately 10:30 A.M. Throat Culture: 2021 first event = 80%. 2021 second event = 80%. 2022 first event = 80%.</p>