

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D0160243	(X3) Date Survey Completed 01/24/2019
Name of Provider or Supplier Allied Physicians Group Plc	Street Address, City, State 1171 Old Country Road Suites 2a & 2b, Plainview, 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
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's review of laboratory records and an interview with the laboratory director and the office manager, the laboratory failed to follow the twice per year verification policy for urine colony count and perform the verification in the calendar years 2017, 2018. Findings: 1. On January 24, 2019 at approximately 2:00 PM the laboratory director and the office manager confirmed surveyor findings that the laboratory failed to follow the laboratory's twice per year verification policy for urine colony count and perform the verification in the calendar years 2017, 2018. 2. Approximately 150 patients' samples were tested and results were reported for urine colony count during the above time frame.</p>