Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D0676464	(X3) Date Survey Completed 06/13/2018
Name of Provider or Supplier Mid Nassau Medical Care For Kidz, Llc	**Street Address, City, State** 530 Old Country Road, Suite 1b, Westbury, 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	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a) The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part. This STANDARD is not met as evidenced by: Based on the surveyor's review of College of American Pathologists (CAP) Proficiency Testing (PT) reports and an interview with the laboratory supervisor, the laboratory failed to evaluate, perform and document remedial action for the PT score of less than 100% for the following specialty in 2017: 2017 second event: Bacteriology = 0%