

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D0682212	(X3) Date Survey Completed 03/10/2023
Name of Provider or Supplier Allied Physicians Group Pllc	Street Address, City, State 1101 Stewart Avenue, Suite 306, Garden City, 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 review of API PT reports, laboratory did not evaluate and document corrective action for the PT scores less than 100% for the following analyte's. Findings: 1. Hematology 2022 third event 2023 first event - RBC 80% 2. Confirmed finding on an interview with Technical Consultant on 3/10/2023 about 11:45am.</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 review of laboratory's annual Stand Operating Procedure (SOP) review policy, the laboratory failed to perform annual SOP review as required by the policy. Confirmed finding with technical consultant on 3/10/2023 about 12:00pm</p>