

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D0692168	(X3) Date Survey Completed 11/30/2021
Name of Provider or Supplier Allied Physicians Group Pllc	Street Address, City, State 2611 Corporal Kennedy Street, Bayside, 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
D5291	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236.</p> <p>This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's Quality Assessment (QA) polices /procedures and an interview with the office manager and laboratory director, the laboratory failed to establish the a written QA policy, to include a monthly and annual QA review for the refrigerator temperature log. refer D6021 Findings: 1.Office manager and laboratory director confirmed on November 30, 2021 at aproximately 10am, the surveyors finding monthly refigerator temperature logs were not reviewed for the the calendar years of 2019, 2020, and through October of 2021. 2.The surveyor reviewed annual QA forms, for the above dates, and found it did not include refrigerator temerature log reviews.</p>
D6021	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(5)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(5) Ensure that quality assessment programs are established and maintained to assure the quality of laboratory services provided.</p>

This STANDARD is not met as evidenced by:

Based on the surveyor's review of the laboratory's QA policies/procedures and an interview with the office manager and laboratory director, the laboratory failed to ensure a written QA policy was established and maintained for the calendar years 2019, 2020, and up to October 2021. Refer to: D5291