

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  33D0696040	<b>(X3) Date Survey Completed</b>  08/27/2018
<b>Name of Provider or Supplier</b>  Optum Medical Care Pc	<b>Street Address, City, State</b>  107 Northern Boulevard, Suite 201, Great Neck, NY	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D3037</b>	<p><b>RETENTION REQUIREMENTS</b> CFR(s): 493.1105(a)(4)</p> <p>Proficiency testing records. Retain all proficiency testing records for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of College of American Pathologists (CAP) Proficiency Testing (PT) records and confirmed in an interview with the laboratory supervisor /testing person and the laboratory administrator, the laboratory failed to retain CAP PT signed attestation forms, for the second and third events in 2017 and for the first and second events in 2018.</p>