

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D0696040	(X3) Date Survey Completed 01/11/2022
Name of Provider or Supplier Optum Medical Care Pc	Street Address, City, State 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.		

(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 physician operation lab manager, 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. January 11, 2022 at approximately 11 am, the refrigerator temperature logs were reviewed and were of range for the dates of 4/9/2021, 4/10/2021, and 5/8 /2021. The office manager and physician operation lab manager confirmed refrigerator temperature logs reviews were not performed. 2. The annual QA form for the above dates were reviewed and found it did not include refrigerator temperature 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 physician operation laboratory manager, the laboratory failed to ensure a written QA policy was established and maintained for the calendar year 2021. Refer to: D5291