

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D0717978	(X3) Date Survey Completed 07/30/2024
Name of Provider or Supplier Bay Rheumatology Md Pc	Street Address, City, State 560 Northern Boulevard, Suite 107, 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
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 Centers for Medicare & Medicaid Services (CMS) Proficiency Testing (PT) Certification and American Proficiency Institute (API) PT summary reports as well as interview with the Testing Person (TP), the laboratory failed to perform and document corrective action for PT scores less than 100%. FINDINGS: 1. A review of the PT scores from API (2024) report revealed the following score: Mean Platelet Volume (MPV) Test Analyte: 2024 First Event = 80% 2. There was no documentation of corrective action performed. 3. The TP confirmed the findings on July 30, 2024, at approximately 2:30 P.M.</p>