

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 33D0866867	<b>(X3) Date Survey Completed</b> 02/06/2026
<b>Name of Provider or Supplier</b> Noam Glaser Md Pc	<b>Street Address, City, State</b> 727 Broadway Suite C2, Massapequa, 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>D0000</b>	An offsite revisit survey was completed on April 16, 2026, for all previous deficiencies cited on February 06, 2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations.
<b>D5291</b>	<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 review of the temperature and humidity records, the laboratory's Standard Operating Procedure (SOP) manual, as well as interview with the Testing Person (TP), the laboratory failed to follow written Quality Assessment (QA) procedure for an ongoing mechanism to monitor, assess, and, when indicated, correct problems. FINDINGS: 1. The laboratory failed to follow current, approved QA procedure to monitor, evaluate all phases of the laboratory's pre analytic, analytic and post analytic systems annually. 2. There was no documentation of review and signature on the temperature and humidity log from 2024 through the survey date. 3. This is contrary to instructions indicated in the current, approved temperature humidity SOP. 4. The TP confirmed the findings on February 6, 2026, at approximately 10:45 A.M.</p>
<b>D6020</b>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(5)</p> <p>(e)(5) Ensure that the quality control and quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur;</p>

This STANDARD is not met as evidenced by:

Based on review of the temperature and humidity records, the laboratory's SOP manual, as well as interview with the TP, the Laboratory Director (LD) failed to ensure that the established QA programs were maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur. Refer to D5291.