

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D0883452	(X3) Date Survey Completed 08/20/2018
Name of Provider or Supplier Patricia Ford Md Faap	Street Address, City, State 71 Oak Street, Amityville, 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
D2000	ENROLLMENT AND TESTING OF SAMPLES CFR(s): 493.801 Each laboratory must enroll in a proficiency testing (PT) program that meets the criteria in subpart I of this part and is approved by HHS. The laboratory must enroll in an approved program or programs for each of the specialties and subspecialties for which it seeks certification. The laboratory must test the samples in the same manner as patients' specimens. For laboratories subject to 42 CFR part 493 published on March 14, 1990 (55 FR 9538) prior to September 1, 1992, the rules of this subpart are effective on September 1, 1992. For all other laboratories, the rules of this subpart are effective January 1, 1994. This CONDITION is not met as evidenced by: Based on a Proficiency Testing (PT) desk review of Center for Medicaid and Medicare Services (CMS) PT records and confirmed in a phone call with the laboratory director, the laboratory failed to enroll in approved PT program for the specialty Bacteriology/throat cultures for the calendar year 2018.