

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D0940447	(X3) Date Survey Completed 07/07/2022
Name of Provider or Supplier North Area Pediatrics Pc DbA Summerwood Pediatrics	Street Address, City, State 5700 W Genesee Street - Suite B-1, Camillus, 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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on review of the twice per year verification procedures and an interview with the general manager, the laboratory failed to verify the accuracy for Free Erythrocyte Porphyrins (FEP) at least twice per year in calendar years 2020 and 2021. FINDINGS: The general manager confirmed on July 7, 2022 at approximately 2:30 PM, the surveyor's findings that the laboratory failed to verify the accuracy for Free Erythrocyte Porphyrins (FEP) at least twice per year in calendar years 2020 and 2021. a. Approximately 12 patient samples were tested for FEP for the calendar years 2020 and 2021.</p>