Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	33D0940469	05/19/2026
Name of Provider or Supplier	**Street Address, City, State**	
Pinnacle Urology Pc	133-38 41st Road, Suite 2d, Flushing, 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	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on lack of Proficiency Testing (PT) verification records, review of Standard Operating Procedures (SOPs), as well as interview with the Laboratory Director (LD), the laboratory failed to verify the accuracy of PT performance at least twice annually. FINDINGS: 1. PT verification was performed and documented only once for calendar year 2024 and 2025. 2. This is contrary to instructions included in the Pinnacle Urology, PC SOPs which specify PT verification performance and documentation at least twice annually. 3. The LD confirmed the findings on May 19, 2026, at approximately 11:00 A.M.