

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  33D0963682	<b>(X3) Date Survey Completed</b>  02/05/2019
<b>Name of Provider or Supplier</b>  Good Health Medical Pc	<b>Street Address, City, State</b>  3019 Brighton First Street, Brooklyn, 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>D5211</b>	<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 the surveyor's review of College of American Pathologists (CAP) Proficiency Testing (PT) records and confirmed in an interview with the laboratory's technical consultant, the laboratory failed to evaluate and document the review of the laboratory's scored PT results. FINDINGS: On the date of survey, at approximately 3:00 pm, the technical consultant confirmed that there was no evidence of PT review, by the laboratory director, of the scored results for the second and third events of 2017 and all three events of 2018.</p>
<b>D6018</b>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iii)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(iii) Ensure that all proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action;</p> <p>This STANDARD is not met as evidenced by: Based on the surveyor's review of College of American Pathologists (CAP) proficiency testing (PT) reports and an interview with the technical consultant, the</p>

laboratory director failed to review (sign and date) the scored proficiency testing reports to evaluate the laboratory's performance. FINDINGS: On the date of survey, at approximately 3:00 pm, the technical consultant confirmed that no documentation of review was evident for the second and third events of 2017 and for all three events of 2018 for all specialties. Refer to: D5211