

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D0969583	(X3) Date Survey Completed 08/27/2019
Name of Provider or Supplier North Shore Hematology Oncology Associates Pc	Street Address, City, State 112 East 83rd Street, New York, 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
D5211	<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 a review of the American Proficiency Institute (API) proficiency test (PT) reports and an interview with the laboratory supervisor and coordinator, the laboratory did not evaluate, perform and document remedial action for the PT scores less than 100%. Findings Include: It was confirmed by the laboratory supervisor and coordinator on August 27, 2019, at approximately 11:00 am, that the laboratory failed to evaluate the following PT results: 2018 3rd event Platelet = 80%</p>
D6019	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iv)</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)(iv) Ensure that an approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the American Proficiency Institute (API) Proficiency Test (PT) records and confirmed in an interview with the laboratory supervisor and quality assurance coordinator, the laboratory director failed to ensure that corrective action was taken for the platelet count score of 80%. Refer to D5211.</p>