

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D0984877	(X3) Date Survey Completed 10/13/2022
Name of Provider or Supplier Allied Pediatrics & Family Medicine	Street Address, City, State 2154 New Bridge Road, Bellmore, 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
D5413	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b)</p> <p>The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following: (1) Water quality. (2) Temperature. (3) Humidity. (4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports.</p> <p>This STANDARD is not met as evidenced by: Based on the review of temperature logs, the laboratory failed to monitor humidity since implementation 4/19/2019 through survey date as required by Horiba 60 Micros. The manufacturer has humidity requirement of 20-80%. Confirmed on an interview with practice manager on 10/12/2022 about 11:30am.</p>