Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	33D0994451	01/22/2025
Name of Provider or Supplier	**Street Address, City, State**	
Kakossian Medical Woman Care Pc	1180 Brighton Beach Avenue, First Floor, Brooklyn, 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
D5221	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d) All proficiency testing evaluation and verification activities must be documented. This STANDARD is not met as evidenced by: Based on review of the Centers for Medicare & Medicaid Services (CMS) Proficiency Testing (PT) Certificate and Survey Provider Enhanced Reporting system (CASPER 0155D) and College of American Pathologists (CAP) PT summary reports, as well as interview with the Technical Consultant (TC), the Laboratory Director (LD) failed to perform and document corrective action for unsatisfactory participation in the CMS approved PT program. FINDINGS: a. A review of the CASPER 0155D report revealed the following unsatisfactory scores: 1. Bacteriology Subspecialty: 2023 Third Event = 62% 2. Syphilis Serology Subspecialty: 2023 Second Event = 0% 3. General Immunology Subspecialty: 2023 Second Event = 56% 4. AFP (Tumor Marker) Subspecialty: 2023 Second Event = 0% 5. Rubella Subspecialty: 2023 Second Event = 0% 6. Free TY Subspecialty: 2023 Third Event = 40% b. A review of the PT scores from CAP (2023) confirmed the above findings. c. There was no documentation of acceptable corrective action performance. d. The TC confirmed the findings on January 22, 2025, at 12:30 P.M.
D6019	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iv) (e)(4)(iv) An approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory; This STANDARD is not met as evidenced by:

	Based on review of CMS PT CASPER 0155D, CAP PT summary reports, as well as interview with the TC, the LD failed to perform and document corrective action for PT subspecialties and analytes with scores less than 100%. Refer to D5221.