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|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Statement of Deficiencies</b>                                                                                           | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>33D1027538                | <b>(X3) Date Survey Completed</b><br><br>08/18/2020 |
| <b>Name of Provider or Supplier</b><br><br>Ny Arthritis Pc                                                                 | <b>Street Address, City, State</b><br><br>1725 East 12th Street, Suite Ll 1, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| D2000              | <p>ENROLLMENT AND TESTING OF SAMPLES<br/>CFR(s): 493.801</p> <p>Each laboratory must enroll in a proficiency testing (PT) program that meets the criteria in subpart I of this part and is approved by HHS. The laboratory must enroll in an approved program or programs for each of the specialties and subspecialties for which it seeks certification. The laboratory must test the samples in the same manner as patients' specimens. For laboratories subject to 42 CFR part 493 published on March 14, 1990 (55 FR 9538) prior to September 1, 1992, the rules of this subpart are effective on September 1, 1992. For all other laboratories, the rules of this subpart are effective January 1, 1994.</p> <p>This CONDITION is not met as evidenced by:<br/>Based on a proficiency testing (PT) desk review of Center for Medicaid and Medicare Service (CMS) PT data reports, the laboratory failed to enroll in an approved PT program for the specialties General Immunology/Rheumatoid Factor (RF) Hematology /Complete Blood Count (CBC) and Routine Chemistry in the calendar year 2020.</p> |
| D6015              | <p>LABORATORY DIRECTOR RESPONSIBILITIES<br/>CFR(s): 493.1407(e)(4)</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) Ensure that the laboratory is enrolled in an HHS approved proficiency testing program for the testing performed.</p> <p>This STANDARD is not met as evidenced by:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

Based on PT desk review of the CMS PT data reports, the laboratory director failed to enroll the laboratory in an approved PT program for the specialties General Immunology/RF, Hematology/CBC and Routine Chemistry in the calendar year 2020. Refer to D2000.