

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D1060709	(X3) Date Survey Completed 04/23/2018
Name of Provider or Supplier North Shore Digestive Medicine Pc	Street Address, City, State 50 Route 111, Suite 302, Smithtown, 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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on a surveyor review of the twice per year verification records and confirmed in an interview with the laboratory director/pathologist, the laboratory failed to verify the accuracy of interpretation of histopathology at least twice per year for calendar years 2016 and 2017. Findings: On April 23, 2018 at approximately 12:30 PM, the laboratory director/pathologist confirmed that the laboratory failed perform the twice per year verification in calendar years 2016 and 2017. Approximately 800 patients' histopathology slides were interpreted and reported for histopathology during this time period.</p>