

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  33D1081638	<b>(X3) Date Survey Completed</b>  08/30/2018
<b>Name of Provider or Supplier</b>  Premier Pediatrics Of New York Pc	<b>Street Address, City, State</b>  2955 Veterans Road West Suite 2c, Staten Island, NY	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5221</b>	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d)</p> <p>All proficiency testing evaluation and verification activities must be documented.</p> <p>This STANDARD is not met as evidenced by: Based on a surveyor's review of College of American Pathologists (CAP) Proficiency Testing (PT) reports and interview with the testing personnel, the laboratory failed perform and document remedial action for the PT scores less than 100% for Red blood Cell Count (RBC) and Hematocrit (Hct). FINDINGS: RBC &amp; Hct 2017 first event = 40% Hct 2017 third event = 80% RBC &amp; Hct 2018 first event = 60% Hct 2018 second event = 80%</p>
<b>D6018</b>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iii)</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)(iii) Ensure that all proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action;</p> <p>This STANDARD is not met as evidenced by: Based on surveyor's review of the CAP PT records for the first and third test events in</p>

2017 and the first and second events of 2018 and confirmed in a interview with the testing personnel, the laboratory director failed to take corrective action when failures were identified. Refer to D5221.