

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D1099923	(X3) Date Survey Completed 08/19/2026
Name of Provider or Supplier Northeast Pediatrics And Adolescent Medicine Pllc	Street Address, City, State 1290 Trumansburg Road, Ithaca, 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
D5407	PROCEDURE MANUAL CFR(s): 493.1251(d) (d) Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use. This STANDARD is not met as evidenced by: Based on review of Standard Operating Procedures (SOPs) as well as interview with the Clinical Administrator (CA)/Lab Manager (LM), the laboratory failed to document approval and date of approval of the procedures and changes in procedures by the current Laboratory Director (LD) before use. FINDINGS: 1. There was no documentation of LD review, approval, and date of approval for the Northeast Pediatrics and Adolescent Medicine Policies and Procedures Manual in use. 2. The CA /LM confirmed the findings on August 19, 2026, at approximately 2:00 P.M.
D6031	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(13) (e)(13) Ensure that an approved procedure manual is available to all personnel responsible for any aspect of the testing process; and This STANDARD is not met as evidenced by: Based on review of SOPs, as well as interview with the CA/LM, the LD failed to ensure that an approved procedure manual was available to all personnel responsible for any aspect of the testing process. FINDINGS: 1. There was no documentation of LD review, approval, and date of approval for the in use Northeast Pediatrics and Adolescent Medicine Policies and Procedures. 2. The CA/LM confirmed the findings on August 19, 2026, at approximately 2:00 P.M.