

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  33D2014282	<b>(X3) Date Survey Completed</b>  11/07/2018
<b>Name of Provider or Supplier</b>  Noah Zinkin, Md Pc	<b>Street Address, City, State</b>  775 Park Avenue, Suite 225, Huntington, 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 surveyor review of the twice per year verification records and an interview with the laboratory director/technical supervisor, the laboratory failed to verify the accuracy of interpretation of pathology slides when major diagnostic discrepancies were identified for two pathology cases in calendar year 2018. Findings include: 1. To fulfill the twice per year verification requirement, the laboratory had submitted random pathology slides to another independent qualified pathologist for review. 2. On November 7, 2018 at approximately 11:00 AM the laboratory director confirmed survey's findings that the second pathologist reviewer disagreed with the original pathologist's diagnostic findings for the two following cases: 60 TS 18 - 206 60 TS 18 - 358 3. The laboratory has a written policy/procedure for peer review discrepancies that defines criteria for corrective actions to be taken and documented for "Major discrepancies" by obtaining a third opinion from another independent Board Certified pathologist. 4. No records of further investigation to determine whether the discrepancies in diagnosis between the primary pathologist diagnosis and the second pathologist reviewer represents a significant change in the reported diagnosis and requires an amended report.</p>