Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D2047877	(X3) Date Survey Completed 08/02/2018
Name of Provider or Supplier As Medical Pc	**Street Address, City, State** 2493 Richmond Rd Suite 2, Staten Island, 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
D5629	CYTOLOGY CFR(s): 493.1274(c)(5) (c) Control procedures. The laboratory must establish and follow written policies and procedures for a program designed to detect errors in the performance of cytologic examinations and the reporting of results. The program must include the following: (c)(5) An annual statistical laboratory evaluation of the number of - (c)(5)(i) Cytology cases examined; (c)(5)(ii) Specimens processed by specimen type; (c)(5)(iii) Patient cases reported by diagnosis (including the number reported as unsatisfactory for diagnostic interpretation); (c)(5)(iv) Gynecologic cases with a diagnosis of HSIL, adenocarcinoma, or other malignant neoplasm for which histology results were available for comparison; (c)(5)(v) Gynecologic cases where cytology and histology are discrepant; and (c)(5)(vi) Gynecologic cases where any rescreen of a normal or negative specimen results in reclassification as low-grade squamous intraepithelial lesion (LSIL), HSIL, adenocarcinoma, or other malignant neoplasms. This STANDARD is not met as evidenced by: Based on surveyor's review of the cytology procedure manual and interview with the pathologist/laboratory director, the laboratory failed to follow their established policies and procedures for a program to evaluate and compare the laboratory statistics annually to detect errors in the performance of cytological examinations and reporting results. FINDINGS: The pathologist/laboratory director confirmed on August 2, 2018 at approximately 10:00 AM, that the laboratory failed to follow their establish policies and procedures for a program designed to detect errors in the performance of cytological examinations and the reporting of results annually for the calendar year 2017.
D5637	CYTOLOGY CFR(s): 493.1274(d)(1)(ii)

	(d) Workload limits. The laboratory must establish and follow written policies and procedures that ensure the following: (d)(1)(ii) Each individual's workload limit is reassessed at least every 6 months and adjusted when necessary. This STANDARD is not met as evidenced by: Based on surveyor's review of the laboratory's cytology procedure manual, laboratory records and confirmed in an interview with the pathologist/laboratory director /technical supervisor, the laboratory failed to follow their established policies and procedures to ensure that workload limits would be reassessed at least every 6 months and adjusted when necessary for the pathologist who performs the primary screening of non-gynecologic cytology slides. FINDINGS: The pathologist/laboratory director /technical supervisor, confirmed on August 2, 2018 at approximately 10:30 AM, that the laboratory failed to follow their established policies and procedures to ensure that workload limits would be reassessed at least every 6 months and adjusted when necessary for the pathologist who performs the primary screening of non-gynecologic cytology slides.