Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	33D2048599	08/23/2018
Name of Provider or Supplier	**Street Address, City, State**	
Bay Ridge Madison Canarsie Medical Laboratory	2183 Ocean Avenue, Lower Level, Brooklyn, 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
D2005	ENROLLMENT CFR(s): 493.801(a)(4) Authorize the proficiency testing program to release to HHS all data required to-- (i) Determine the laboratory's compliance with this subpart; and (ii) Make PT results available to the public as required in section 353(f)(3)(F) of the Public Health Service Act. This STANDARD is not met as evidenced by: Based on the surveyor's review of proficiency testing (PT) reports and an interview with the testing person, the laboratory failed to authorize the release of the College of American Pathologists (CAP) PT results to the New York State Department of Health's Physician Office Laboratory Evaluation Program (POLEP). FINDINGS: Although the laboratory is enrolled in PT for all specialties, there was no indication that the laboratory has authorized the PT provider, (CAP), to release the results to New York State Department of Health's POLEP Program.