

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D2087788	(X3) Date Survey Completed 07/30/2019
Name of Provider or Supplier Rj Medical And Urgent Care Pllc	Street Address, City, State 4310 Church Avenue, 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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor's review of the American Proficiency Institute (API) records and confirmed in an interview with the two laboratory supervisors and technical consultant, the laboratory failed to evaluate and verify the accuracy of 7 out of 7 toxicology analytes in the year 2018. FINDINGS: The two laboratory supervisors and technical consultant, confirmed on July 30, 2019 at approximately 12:00 PM, that the laboratory failed to evaluate and verify the accuracy of 7 toxicology analytes for screening in the year 2018. 1. The laboratory uses the API modules the Urine Drug Screening (UDS) for twice year verification. The laboratory failed to verify 7 of 7 toxicology analytes for screening. 2. Approximately 150 patient specimens were tested and reported during this time-period.</p>
D6088	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)</p> <p>The laboratory director must ensure that the laboratory is enrolled in an HHS-approved proficiency testing program for the testing performed.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor's review of the plan of correction from the survey conducted on December 14, 2017 and an interview with the two laboratory supervisors and technical consultant, the laboratory director failed to implement and maintained the plan of correction for failure to verify the accuracy of 7 of 7 toxicology analytes for</p>

drug screening in the calendar year 2018. Refer to D5217 FINDINGS: 1. The two laboratory supervisors and technical consultant confirmed on July 30, 2019 at approximately 11:00 AM that the laboratory director failed to implement and maintained the plan of correction for failure to verify the accuracy of the 7 of 7 toxicology analytes for drug screening in the calendar year 2018. a. The plan of correction stated, "that the laboratory director and technical consultant will make sure this accuracy is due twice a year." b. The laboratory director failed to ensure that the laboratory performed the twice year verification for the 7 toxicology analytes used for screening. 2. Approximately 150 patient samples were tested and reported during the calendar year of 2018.