

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D2097660	(X3) Date Survey Completed 03/04/2026
Name of Provider or Supplier South Island Gastroenterology Associates Pc	Street Address, City, State 141 Washington Avenue, Suite 204, Lawrence, 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
D0000	An offsite revisit survey was completed on April 08, 2026, for all previous deficiencies cited on March 04, 2026. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations.
D3039	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(5)</p> <p>(a)(5) Quality system assessment records. Retain all laboratory quality system assessment records for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory Quality Control (QC) records, Standard Operating Procedures (SOPs), as well as interview with the Laboratory Director (LD), the laboratory failed to retain all laboratory quality system assessment records for at least two years. FINDINGS: 1. There was no documentation of laboratory QC for calendar year 2025. 2. This is contrary to instructions indicated in the current, approved South Island Gastroenterology Associates, PC record retention SOP. 3. The LD confirmed the findings on March 4, 2026, at approximately 11:00 A.M.</p>