

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 33D2100316	<b>(X3) Date Survey Completed</b> 06/04/2025
<b>Name of Provider or Supplier</b> New York Professional Medical Services Llc	<b>Street Address, City, State</b> 2444 86th Street, Brooklyn, 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>D5783</b>	<p><b>CORRECTIVE ACTIONS</b> CFR(s): 493.1282(b)(2)</p> <p>(b)(2) Results of control or calibration materials, or both, fail to meet the laboratory's established criteria for acceptability. All patient test results obtained in the unacceptable test run and since the last acceptable test run must be evaluated to determine if patient test results have been adversely affected. The laboratory must take the corrective action necessary to ensure the reporting of accurate and reliable patient test results.</p> <p>This STANDARD is not met as evidenced by: Based on review of Quality Control (QC) records, monthly QC data, Standard Operating Procedures (SOPs), annual Quality Assessment (QA), as well as interview with the Laboratory Coordinator (LC), the laboratory failed to perform and document corrective action for unacceptable QC results which failed to meet the laboratory's established criteria for acceptability to ensure reporting of accurate and reliable patient results. FINDINGS: 1. There was no documentation of corrective action performed for unacceptable Total Carbon Dioxide (TCO2) QC results. 2. The 2024 QA performed by the Laboratory Director (LD) did not address the QC failure. 3. This is contrary to instructions indicated in the current, approved SOPs. 4. No patient specimens were tested during the respective period. 5. The LC confirmed the findings on June 4, 2025, at 12:00 P.M.</p>
<b>D6000</b>	<p><b>MODERATE COMPLEXITY LABORATORY DIRECTOR</b> CFR(s): 493.1403</p> <p>The laboratory must have a director who meets the qualification requirements of 493.1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart.</p>

This CONDITION is not met as evidenced by:  
Based on review of QC records, monthly QC data, current, approved SOPs, annual QA, as well as interview with the LC, the Laboratory Director (LD) failed to provide overall management for all phases of moderate complexity testing. Refer to D5783 and D6020.

**D6020**

**LABORATORY DIRECTOR RESPONSIBILITIES**  
CFR(s): 493.1407(e)(5)

(e)(5) Ensure that the quality control and quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur;

This STANDARD is not met as evidenced by:  
Based on review of the laboratory's QA policy, SOPS, as well as interview the LC, the LD failed to comply with current, approved QA procedures including an ongoing mechanism to monitor, assess, and when indicated, correct problems identified in the general laboratory system. Refer to D5783.