

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D2109963	(X3) Date Survey Completed 11/29/2022
Name of Provider or Supplier Integrated Medical Professionals, PLLC	Street Address, City, State 340 Broadhollow Road, Suite E, Farmingdale, 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
D5221	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d)</p> <p>All proficiency testing evaluation and verification activities must be documented.</p> <p>This STANDARD is not met as evidenced by: Based on the review of laboratory's API PT summary report of second and third event of year 2021, the laboratory failed to document evaluation and verification activities Findings 1. API 2021 Second event: bacteriology susceptibility 97%, mycology candida culture 80% 2. API 2021 third event: iron total 80% 3. Confirmed in an interview with laboratory director on 11/29/2022 about 2:00pm</p>