

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D2143178	(X3) Date Survey Completed 10/03/2023
Name of Provider or Supplier East Side Oncology Associates Pllc	Street Address, City, State 35 West 45th Street, 6th Floor, New York, 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
D2009	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on review of the proficiency testing (PT) results and interview with the testing personnel (TP), the laboratory director (LD) failed to sign the proficiency testing attestation form. Findings: 1. It was noted that TP signed and dated the American Proficiency Institute attestation forms from 2021 through 2023; however, there was no documentation of LD review and signature. 2. Electronic PT result submissions did not include a signed copy of the online attestation form. 3. Confirmed findings by interview with the TP on October 3, 2023, at 12:30 P.M.</p>