

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D2151768	(X3) Date Survey Completed 12/03/2020
Name of Provider or Supplier Islandwide Gastroenterology Pc	Street Address, City, State 1205 Franklin Avenue, Suite 105, Garden City, 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 review of the twice per year verification records and confirmed in an interview with the Laboratory Director/Technical Supervisor, the laboratory failed to verify the accuracy of interpretation of histopathology at least twice per year in calendar year 2019. Approximately 500 histopathology slides were reviewed in calendar year 2019.</p>