

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D2169750	(X3) Date Survey Completed 03/09/2020
Name of Provider or Supplier Optum Medical Care Pc	Street Address, City, State 4045 Hempstead Turnpike, Suite 202 B, Bethpage, 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 the lack of twice yearly verification and confirmed at survey with the office manager, the laboratory failed to verify the accuracy for the qualitative semen analysis (presence/absence of sperm) tests at least twice per year.</p>