

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D2269961	(X3) Date Survey Completed 07/28/2023
Name of Provider or Supplier Concierge Pediatrics Pc	Street Address, City, State 1520 Old Northern Blvd, Roslyn, 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
D5413	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b)</p> <p>The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following: (1) Water quality. (2) Temperature. (3) Humidity. (4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports.</p> <p>This STANDARD is not met as evidenced by: Based on the review of humidity log, the laboratory failed to monitor and document humidity as required by the manufacturer. The laboratory has Abbott Emerald hematology analyzer with manufacturer humidity requirement of 30-80%. Confirmed on an interview with testing person on 7/28/2023 about 11:30am.</p>