Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	39D0194456	04/18/2019
Name of Provider or Supplier	**Street Address, City, State**	
Alliance Cancer Specialists	201 Gibraltar Rd, Horsham, PA	

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
D2007	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods This STANDARD is not met as evidenced by: Based on Proficiency Testing (PT) record review and interview with the Technical Supervisor, the laboratory failed to test PT peripheral smear Cell Identification samples for (PT events performed between (07/27/2017 and 04/18/2019), with personnel who routinely performed the peripheral smear Cell Identification in the Laboratory. Findings include: 1. Only medical providers routinely performed peripheral smear Cell Identification. 2. Review of the PT attestation statements, revealed only Testing Personnel who do not routinely perform peripheral smear Cell Identification , performed and and signed the attestation statements for (07/27/2017 and 04/18/2019). 3. 4 of 4 medical providers failed to participate in PT for peripheral smear Cell Identification from (07/27/2017) and 04/18/2019). 4. During the survey (13:30 04/18/2019), the Technical Supervisor confirmed the above findings.
D6120	TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(7)(8) (7) The technical supervisor is responsible for identifying training needs and assuring that each individual performing tests receives regular in-service training and education appropriate for the type and complexity of the laboratory services performed; (8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently.

	This STANDARD is not met as evidenced by: Based on review of the competency records and interview of the Technical Supervisor, at the time of survey (13:30 04/18/2019), the Technical Supervisor failed to document the competency of all testing personnel who performed peripheral blood smear Cell Identification,. from 07/26/2017 to 04/18/2019. Findings include: 1. On the date of the survey (04/18/2019), the laboratory failed to provide documentation of annual competency for 3 of 4 testing personnel, who performed peripheral blood smear Cell Identification. 2. During the survey (13:30 04/18/2019), the Technical Supervisor confirmed above finding.