

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D0683201	(X3) Date Survey Completed 02/23/2023
Name of Provider or Supplier Crumay Parnes Associates Inc	Street Address, City, State 1822 Good Hope Rd, Enola, 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
D6046	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8)</p> <p>(b) The technical consultant is responsible for-- (b)(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.</p> <p>This STANDARD is not met as evidenced by: Based on review of the competency assessment (CA) records and interview with the office manager (OM), the TC failed to assess the competency of 5 of 6 testing personnel (TP) for each assay of mycology, virology, and parasitology microscopic examinations performed in 2021 and 2022. Findings Include: 1. On the day of survey, 02/23/2022 at 09:04 am, review of the competency assessment records revealed, the forms used to document competency did not separate the microscopic examinations for potassium hydroxide (KOH) mycology, tzanck smears (virology) and wet mount (scabies) parasitology for 5 of 6 TP (CMS personnel #2, #3, #4, #5, and #6) in 2021 and 2022. 2. The OM confirmed the finding above on 02/23/2022 around 10:15 am.</p>
D6094	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5)</p> <p>The laboratory director must ensure that the quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur.</p> <p>This STANDARD is not met as evidenced by: Based on the lack of quality assurance (QA) documentation and an interview with the office manager (OM), the laboratory director (LD) failed to ensure a QA program was established and maintained to ensure the quality of services provided by the laboratory</p>

from 02/04/2021 to the date of the survey. Findings include: 1. On the date of the survey, 02/23/2023 at 09:40 am, the laboratory could not provide a complete procedure or documentation for the periodic QA evaluation performed to assess the laboratory's pre-analytical, analytical, and post-analytical processes from 02/04/2021 to 02/23/2023. 2. The laboratory performed 198 microbiology examinations in 2022 (the annual volume listed on the CMS-116 form). 3. The OM confirmed the finding above on 02/23/2023 around 10:15 am.