

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D0862659	(X3) Date Survey Completed 06/30/2025
Name of Provider or Supplier Alliance Cancer Specialists	Street Address, City, State 1203 Langhorne Newton Rd, Langhorne, 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
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on lack of documentation, record review and interview with the Technical Supervisor (TS), the laboratory failed to established and follow procedures to assess the competency of 4 of 5 Technical Consultants (TC) for their supervisory responsibilities performed from 08/01/2023 to the date of the survey. Findings Include: 1. On the day of survey, 06/30/2025 at 10:15 am, the laboratory failed to provided a procedure for assessing the competency of the laboratory's technical consultants for their supervisory responsibilities. 2. The laboratory could not provide competency assessment records for 4 of 5 TC (CMS 209 personnel #3,4,5,6) for their supervisory responsibilities performed from 08/01/2023 to 06/30/2025. 3. The TS confirmed the finding above on 06/04/2025 at 10:00 am.</p>
D6020	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(5)</p> <p>(e)(5) Ensure that the quality control and 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 record review, lack of documentation, and interview with the Technical Consultant (TC), the Laboratory Director failed to ensure that the quality assessment</p>

(QA) program was established and maintained to assure the quality of the laboratory services provided and to identify failures in quality as they occur for 17 of 17 months from 08/01/2023 to 12/31/2024. Findings include: 1. The laboratory's Laboratory Quality Assurance Plan states, " A monthly Quality Assessment checklist will be completed by month end by designated team member: A 'unsatisfactory: results will be forwarded to Laboratory for review, b. Assessment will be dated, signed by the Director and retained for 2 years., c. "Unsatisfactory" results will be addressed and reviewed by all staff members." 2. On the date of survey, 06/30/2025, at 10:30 am, the laboratory failed to provide documentation of the monthly QA performed for 17 of 17 months from 8/1/2023 to 12/31/2024. 3. The TC confirmed the above finding at 10:30 am on 06/30/2025.