

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D0876126	(X3) Date Survey Completed 10/14/2020
Name of Provider or Supplier Crozer-Chester Medical Center-Cath Lab	Street Address, City, State 1 Medical Center Blvd, Upland, 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
D3037	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(4)</p> <p>Proficiency testing records. Retain all proficiency testing records for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on the lack of the College of American pathologist (CAP) proficiency testing (PT) records for Hematology and interview with the Technical Consultant (TC), the Laboratory failed to provide 3 of 6 CAP PT attestation statement documents and 2 of 6 CAP PT results from 2019 and 2020. Findings include: 1. On the day of survey, 10 /14/2020, the TC could not provide the the following: - 2019: * Attestation statement: Event#1 and Event #2 * Results: Event#2 - 2020: * Attestation statement: Event#1 * Results: Event#1 2. The TC confirmed the finding above on 10/14/2020 at 14:27 am.</p>