

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  39D0920750	<b>(X3) Date Survey Completed</b>  04/25/2018
<b>Name of Provider or Supplier</b>  Satish A Shah Md Pllc	<b>Street Address, City, State</b>  207 N Broad Street, Philadelphia, PA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5291</b>	<p><b>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT</b> CFR(s): 493.1239(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory quality assessment (QA) policy, laboratory QA document, and interview with the laboratory testing personnel (TP) #1, the laboratory director (LD) failed to document quarterly QA activities in 2017. Findings include: 1. The laboratory QA policy (the LD signed off on 07/01/2016) states "The Medical Director will document any findings and corrective actions initiated for the site visit... on the Quarterly Site Visit Log Sheet" 2. The laboratory could not provide any (4 of 4) 2017 Quarterly Site Visit Log Sheets. 3. The laboratory had no other 2017 QA records. 4. The TP #1 confirmed above findings on 04/25/2018 at 11:00 AM.</p>