

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 39D0942775	<b>(X3) Date Survey Completed</b> 09/15/2020
<b>Name of Provider or Supplier</b> Clinical Gastrointestinal Associates	<b>Street Address, City, State</b> 1 Cornerstone Drive Suite 300, Langhorne, 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>D5217</b>	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on peer review records and interview with the Laboratory Director (LD) and Laboratory Manager (LM), the laboratory failed to asses at least biannually verification accuracy of histology slides read on site in 2019. Findings include: 1. Reviewed of Quality Control and Performance Improvement Procedure, 2nd opinion /peer review policy (page 14) states"Peer review will be conducted a minimum of 2 times per year in each calendar year. At that time, 2-3 cases will be reviewed for QA /QC purposes". 2. On the day of survey, 09/15/2020 the peer review records indicated that only one peer review event was conducted during 2019 on 7/29/2019. 3. The LD and LM confirmed the findings above on 9/15/2020 at 09:00 am. *** Repeat Deficiency ***</p>