

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D0988648	(X3) Date Survey Completed 06/24/2025
Name of Provider or Supplier Hayman Salib Md Hematology Oncology	Street Address, City, State 3465 Nazareth Rd, Easton, 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
D6018	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iii)</p> <p>(e)(4)(iii) All proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action; and</p> <p>This STANDARD is not met as evidenced by:</p> <p>A. Based on lack of documentation, review of American Proficiency Institute (API) proficiency testing (PT) records and interview with the Technical Consultant (TC), the Laboratory Director (LD) failed to ensure that 1 of 3 API chemistry PT report was reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action in 2023. Findings include: 1. On the day of survey, 06/24/2025 at 10:28 am, review of the laboratory's API PT records revealed the LD failed to ensure that 1 of 3 API chemistry PT report was reviewed and assessed by the appropriate staff when the laboratory received a score of 60% (Free T3) for the 2nd event in 2023. 2. The laboratory's PT policy states, "Investigation of Unacceptable/Unsatisfactory performance will be conducted by TC. Corrective action must be taken and documented whenever unsatisfactory participation is identified. If a score of less than 100% is received, a corrective action report must be completed. Corrective action reports will be signed and dated by TP, TC and LD and then filed with the appropriate proficiency test report." 3. The laboratory could not provide documentation of the evaluation & corrective action performed to investigate the unsatisfactory performance when a PT score of less than 100% was received. 4. The TC confirmed the findings above on 06/24/2025 at 01:03 pm. B. Based on lack of documentation, review of American Proficiency Institute (API) proficiency testing (PT) records and interview with the Technical Consultant (TC), the Laboratory Director (LD) failed to ensure that 8 of 12 API PT reports were reviewed by the appropriate staff to evaluate the laboratory's performance for Immunology and Hematology testing performed in 2023 and 2024. Findings include:</p>

1. On the day of survey, 06/24/2025 at 10:28 am, review of the laboratory's API PT records revealed the LD failed to ensure the following 8 of 12 API PT reports were reviewed and assessed by the appropriate staff to evaluate the laboratory's satisfactory performance in 2023 and 2024: 2023 - Immunology/Immunochemistry: 2nd and 3rd events - Hematology/Coagulation: 3rd event 2024 - Immunology/Immunochemistry: 1st, 2nd and 3rd events - Hematology/Coagulation: 2nd and 3rd events 2. The laboratory could not provide documentation of the evaluation & review performed for the 8 of 12 API PT reports for Immunology and Hematology testing performed in 2023 and 2024. 3. The TC confirmed the findings above on 06/24/2025 at 01:03 pm.