

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D2047171	(X3) Date Survey Completed 08/14/2025
Name of Provider or Supplier Comprehensive Pain Management	Street Address, City, State 1177 Highway 315 Blvd, Wilkes Barre, 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
D3009	<p>FACILITIES CFR(s): 493.1101(c)</p> <p>The laboratory must be in compliance with applicable Federal, State, and local laboratory requirements.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview with the Laboratory Director (LD), the LD failed to be present for a reasonable period of each working day in each laboratory for which they were director for 12 of 19 months from 02/12/2024 to the day of survey as required by Pennsylvania (PA) state regulations. Findings include: 1.The PA State regulation 5.22 (g) states: "A director shall be present for a reasonable period of each working day in each laboratory for which he is director." 2. On the day of survey, 08/14/2025 at 9:19 am, review of the "Lab Director Log" used to document the director's site visits revealed the LD failed to visit the laboratory for 12 of 19 months from 02/12/2024 to 08/14/2025. 3. Further review of the written plan (signed by the LD on 09/18/2023) for how the director plans to oversee the laboratory stated, "I plan to visit the laboratory monthly to monitor Quality Assessment and Quality Control with the Technical and General Supervisor." 4. During interview with the LD on 08/14/2025 at 9:30 am, the LD confirmed the findings above and stated, "the visits were performed every 3 months (quarterly)".</p>