

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D2053764	(X3) Date Survey Completed 08/15/2018
Name of Provider or Supplier Oleg Volchonok Md Pc	Street Address, City, State 11400 Bustleton Ave, Philadelphia, 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
D5217	<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 review of a sampling of 2017 and 2018 peer review records and interview with the Laboratory Director (LD), Office Consultant, and Office Manager, the laboratory failed to retain at least twice annually, verification accuracy of general histology slides read on site, which are not included in subpart I for 2017. Findings include: 1. The Laboratories Quality Assurance/ Peer Review Procedure, Subheading B. states, "A 2% of randomly selected slides will be sent for peer review every six months". 2. On the date of survey, 08/15/2018, a sampling of six pathology reviews sent out in 2017 and six in 2018, revealed that all cases sent for review stated, "Date Reviewed: 07/24/2018." 3. The laboratory could not provided documentation to prove 2017 (6 of 6) slides were sent out for pathology review in 2017. 4. The LD and Office Consultant confirmed the findings above on 08/15/2018 around 9:30 am.</p>