

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0548259	(X3) Date Survey Completed 03/08/2018
Name of Provider or Supplier Michael B Scott Md Inc	Street Address, City, State 3637 Martin Luther King Jr Blvd Ste B, Lynwood, CA	
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 for third quarter (Q3-2016) score of 60%, third quarter (Q3-2017) score of 60% of the American Proficiency Institute (API) proficiency testing records, interview with the laboratory staff, and random patient test results, it was determined that the laboratory failed to at least twice annually, the laboratory must verify the accuracy of any test or procedure it performs. The findings included: a. Q3-2016 and Q3-2017, the laboratory received unsatisfactory results for the Uricult colony count test of 60 % scores respectively. b. For eight (8) out of eight (8) random patient test results reviewed covering period from 2/22/2016 to 2/8/2018, the laboratory analyzed and reported colony count during the time that the laboratory received the unsatisfactory proficiency testing scores. c. The laboratory staff affirmed (3/8/2018, 12N), that the laboratory received the above unsatisfactory proficiency testing scores.</p>