

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0271280	(X3) Date Survey Completed 07/27/2022
Name of Provider or Supplier West Florida Medical Center Clinic, Pa	Street Address, City, State 8333 North Davis Hwy, Pensacola, FL	
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
D0000	A recertification survey was conducted on July 27, 2022. West Florida Medical Center Clinic, clinical laboratory was not in compliance with 42 CFR 493, requirements for clinical laboratories.
D5203	<p>SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232</p> <p>The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results.</p> <p>This STANDARD is not met as evidenced by: Based on the review of case slides, patient reports, and interview with the office manager, the laboratory failed to ensure proper specimen identification through the testing process for one of ten samples reviewed. Findings include: As part of the survey process, ten random slides were pulled for review. Five were from 2021 and five were from 2022, that included Mohs maps, patient reports and test requisitions, patient slides and quality control slides for the day of testing. During review of patient #7, it was discovered there were two labels on the patient requisition with different last name spellings. The patient name was also spelled incorrectly on the patient's specimen slide. During interview with the office manager on July 27, 2022 at 09:30 a. m., it was confirmed that for patient #7, the patient's last name was spelled incorrectly on one of two labels on the patient requisition sheet and the patient last name on the specimen slide.</p>