Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0271936	(X3) Date Survey Completed 06/11/2019
Name of Provider or Supplier Digestive Disease Associates Of North Florida, Inc	**Street Address, City, State** 6400 W Newberry Rd Ste 302, Gainesville, 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
D5601	HISTOPATHOLOGY CFR(s): 493.1273(a)(f) (a) As specified in 493.1256(e)(3), fluorescent and immunohistochemical stains must be checked for positive and negative reactivity each time of use. For all other differential or special stains, a control slide of known reactivity must be stained with each patient slide or group of patient slides. Reactions of the control slide with each special stain must be documented. (f) The laboratory must document all control procedures performed, as specified in this section. This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory failed to have the pathologist reading the stain QC (Quality Control) to sign off that the QC was acceptable for 2 of 2 (2018-2019) years reviewed. Findings Included: Review of daily stain QC showed that although QC was performed, the pathologist who reviewed the slide did not sign the sheet indicating that they reviewed the QC and that it was acceptable. During an interview on 6/11/19 at 10:18am, the Histotechnologist confirmed that even though the pathologist was reviewing the QC slides, there was no documentation.