Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0271936	(X3) Date Survey Completed 04/21/2021
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
D0000	At the time of the announced, on-site recertification survey, Simedhealth Llc was found to NOT be in compliance with the CLIA laboratory requirements of 42 CFR 493.
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to verify the accuracy of the histopathology slides at least twice annually for two of two years reviewed (2019-2020). The findings include: The record review of twice annual verification of accuracy for 2019 showed peer review was performed once on 5/29/19. The facility was unable to provide documentation of twice annual verification of accuracy of the histopathology specimen slides read in the laboratory during 2020. Interview with the testing person on 4/21/21 at 10:00 AM confirmed that no verification of accuracy was performed a second time in 2019 or in 2020.