

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0288106	(X3) Date Survey Completed 05/30/2018
Name of Provider or Supplier Seymour M Bigayer Dpm Pa	Street Address, City, State 9770 Military Trl Ste B-12, Boynton Beach, 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
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 record review and interview with laboratory personnel, the laboratory did not verify the accuracy of fungal cultures twice annually. Findings include: Review of proficiency testing records on 05/30/18 revealed that the laboratory sent cultures to an independent laboratory in January 2016, March 2017, August 2017, and January 2018. The laboatory did not verify the accuracy of fungal cultlures twice in 2016. During an interview with the office manaager at 10:15 a.m. on 05/30/18, she confimred that there was no documentation to indicate that accuracy was verified twice in 2016.</p>