

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0290134	(X3) Date Survey Completed 02/20/2019
Name of Provider or Supplier Ohi West Medical Group Ii, Llc	Street Address, City, State 2727 W MI King Jr Blvd Ste 450, Tampa, 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
D2121	<p>HEMATOLOGY CFR(s): 493.851(a)</p> <p>Failure to attain a score of at least 80 percent of acceptable responses for each analyte in each testing event is unsatisfactory analyte performance for the testing event.</p> <p>This STANDARD is not met as evidenced by: Based on review of American Proficiency Institute (API) proficiency testing results and interview with the Technical Consultant, the laboratory had 1 out of 4 testing events that had analytes that received less than 80% in the specialty of Hematology. Findings Included: Review of API proficiency testing results found the 2nd testing event in 2018 had a 73% White Blood Differential. Interview on 02/20/2018 at 10:45 AM with the Technical Consultant, confirmed the proficiency testing failure.</p>
D5221	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d)</p> <p>All proficiency testing evaluation and verification activities must be documented.</p> <p>This STANDARD is not met as evidenced by: Based on review of American Proficiency Institute (API) proficiency testing records and interview with the Technical Consultant, the laboratory failed to have corrective action for 1 out of 4 testing events reviewed. Findings Included: Review of proficiency testing results for 2017 and 2018 revealed corrective action was missing for 1 out of 4 White Blood Cell Differential (73% Leukocytes and 40% Lymphocytes) tests in the 2nd testing event in 2018. Interview on 02/20/18 at 10:40 AM with the Technical Consultant, confirmed that the laboratory had documented the cause of the unsatisfactory proficiency testing results, but the corrective action was not documented.</p>