

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 10D0669731	<b>(X3) Date Survey Completed</b> 05/30/2018
<b>Name of Provider or Supplier</b> Pediatric Place Llc	<b>Street Address, City, State</b> 2800 S Seacrest Blvd Ste 150, Boynton Beach, FL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5431</b>	<p><b>MAINTENANCE AND FUNCTION CHECKS</b> CFR(s): 493.1254(a)(2)</p> <p>For unmodified manufacturer's equipment, instruments, or test systems, the laboratory must perform and document function checks as defined by the manufacturer and with at least the frequency specified by the manufacturer. Function checks must be within the manufacturer's established limits before patient testing is conducted.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview with laboratory personnel, the centrifuge used to spin samples for complete blood counts was overdue to be calibrated. Findings include: The surveyor observed that the sticker on the centrifuge used to spin samples for complete blood counts indicated that it had been calibrated in March, 2017 and was due to be calibrated again in March of 2018. During an interview with testing person A at 11:15 a.m. on 05/30/18, she confirmed that centrifuge was overdue to be calibrated.</p>
<b>D6019</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(4)(iv)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(iv) Ensure that an approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview with laboratory personnel, the director did not</p>

ensure that corrective action was taken when proficiency testing results were unacceptable. Findings include: Review of proficiency testing records for bacteriology on 05/30/18 revealed that for the testing events dated 03/26/18 and 08/07/17, one of two results for urine colony counts was unacceptable. There was no documentation to indicate that any corrective action had been taken. During an interview with testing person A at 11:10 a.m. on 05/30/18, she confirmed that there was no documentation to address the unacceptable results.