

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0721397	(X3) Date Survey Completed 06/10/2019
Name of Provider or Supplier Fort Myers Womens Health Center Inc	Street Address, City, State 3677 Central Ave Suite H, Fort Myers, 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
D2153	<p>ABO GROUP AND D(RHO) TYPING CFR(s): 493.859(a)</p> <p>Failure to attain a score of at least 100 percent of acceptable responses for each analyte or test in each testing event is unsatisfactory analyte performance for the testing event.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview with laboratory personnel, the laboratory failed to get 100% for one testing event in 2019. Findings include: Review of the past two years of proficiency testing records on 06/10/2019 revealed that the laboratory received 0% for Rhesus (Rh) testing, ABO/RHO and D (RHO), for the first testing event of 2019. During an interview with the manager at 10:20 a.m. on 06/10/2019, she confirmed that they had received 0% for that event.</p>