

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0932733	(X3) Date Survey Completed 09/10/2019
Name of Provider or Supplier Kidz Medical Services Inc	Street Address, City, State 3100 Sw 62 Ave Ste 121, Miami, 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	A recertification survey conducted, 9/10/2019 found that Kidz Medical Services Inc; Dba clinical laboratory is not in compliance with 42 CFR Part 493, Requirements for Laboratories.
D2009	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to have the laboratory director (LD) signature on the attestation for 1 out of 5 events reviewed for the Hematology specialty from 2017 to 2019 The findings include: A review of the American Proficiency Institute (API) proficiency testing record revealed that there was no LD signature in the attestation for the 1st event in 2019. During an interview on 09/10/2019 at 12:30 PM, the technical supervisor confirmed that the laboratory failed to have a signed attestation by the LD of the event of reference.</p>
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on competency assessment record review and staff interview, the laboratory</p>

failed to have annual assessment competencies that covered the six required procedure points for the testing personnel (TP) and to document the annual competency for the technical (TS) and general supervisor (GS) for 2 out of 2 years reviewed (2017-2019). The findings include: A review of personnel competency assessment records for 2017 and 2018 revealed the following: a) TP competencies failed to include the six required points that asses: skill, knowledge and experience to perform their laboratory duties. b) No documentation of the annual competency for the TS and the GS for 2 out of 2 years reviewed During an interview on 09/10/2019 at 12:30 PM, the technical supervisor confirmed that the laboratory failed to asses the technical skills of the TP and have no documentation of the annual competencies for the TS and GS.