Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0932733	(X3) Date Survey Completed 05/11/2023
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 on 05/11/2023 found KIDZ MEDICAL SERVICES INC clinical laboratory not in compliance with 42 CFR Part 493, Requirements for Laboratories.
D2007	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to have all testing personnel (TP) rotate through the testing of Proficiency Testing (PT) for the Hematology specialty in five out of five events reviewed. Findings included: Review of FORM CMS-209 signed and dated by the Laboratory Director (LD) on 05/11/2023 revealed the laboratory had three TP listed (TP#A, TP# B and TP#C). Personnel files review revealed that TP# A and TP#C were TP during 2021, 2022 and 2023. TP#B started as TP in 2023. Review of American Proficiency Institute (API) PT records for 2021 (third event), 2022 (first, second and third event) and 2023 (first event) , revealed that TP#A was the TP that performed all five events. During an interview on 05/11/2023 at 3:00 PM, TP#A A confirmed that TP#C failed to perform PT for the period of reference.
D6120	TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(7)(8) (7) The technical supervisor is responsible for identifying training needs and assuring that each individual performing tests receives regular in-service training and education appropriate for the type and complexity of the laboratory services performed; (8)

	Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently. This STANDARD is not met as evidenced by: Based on record review and interview, the Technical Supervisor (TS) failed to evaluate the annual competency for two out of two testing personnel (TP) during 2022. Findings included: -Review of the FORM CMS-209 signed by the Laboratory Director (LD) on 05/11/2023 revealed that the LD was also the Clinical Consultant (CC) and TS; the General Supervisor (GS) was also TP#C. The laboratory had three TP (TP#A, TP#B and TP#C). -Review of personnel records revealed that TP#A and TP#C were employed during 2022. No records of competencies found for TP#A and TP#C for 2022. During an interview on 05/11/2023 at 11:30 AM with TP#A, she confirmed that the TS failed to perform the competencies listed above.