

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D0936920	<b>(X3) Date Survey Completed</b>  05/30/2019
<b>Name of Provider or Supplier</b>  A Womans Choice Of Jacksonville	<b>Street Address, City, State</b>  4131 University Blvd S Ste 2, Jacksonville, 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>D5209</b>	<p><b>PERSONNEL COMPETENCY ASSESSMENT POLICIES</b> 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 record review and interview with the Office Manager, the laboratory failed to perform competency assessments on 5 out of 5 Testing Personnel. Findings Included: Review of Testing Personnel records showed no laboratory competency assessment in their personnel files. During an interview on 5/30/19 at 11:30 AM the Office Manager confirmed there was no documentation of laboratory competency assessments on the testing personnel.</p>
<b>D5781</b>	<p><b>CORRECTIVE ACTIONS</b> CFR(s): 493.1282(b)(1)</p> <p>(b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(1) Test systems do not meet the laboratory's verified or established performance specifications, as determined in 493.1253(b), which include but are not limited to-- (b)(1)(i) Equipment or methodologies that perform outside of established operating parameters or performance specifications; (b)(1)(ii) Patient test values that are outside of the laboratory's reportable range of test results for the test system; and (b)(1)(iii) When the laboratory determines that the reference intervals (normal values) for a test procedure are inappropriate for the laboratory's patient population.</p> <p>This STANDARD is not met as evidenced by:</p>

Based on record review and staff interview, the facility failed to document corrective action when the refrigerator temperature was out of range for 1 of 28 days reviewed in February 2018. Findings included: Record review of the refrigerator temperature logs showed the acceptable temperature is " 2-8 degrees C . The temperature documented on February 8th, 2018 was documented as 9 degrees C. There was no corrective action documented. Interview with the office manager on 5/30/19 at 10:15 AM confirmed no corrective action was documented for the out of range temperature for the refrigerator.