Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0966028	(X3) Date Survey Completed 10/18/2023
Name of Provider or Supplier Family Medical Centre	**Street Address, City, State** 17933 Nw 7th St Ste 102, Pembroke Pines, 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 from 10/12/2023 to 10/18/2023 found the FAMILY MEDICAL CENTRE clinical laboratory not in compliance with 42 CFR Part 493, Requirements for Laboratories.
D2122	HEMATOLOGY CFR(s): 493.851(b) Failure to attain an overall testing event score of at least 80 percent is unsatisfactory performance. This STANDARD is not met as evidenced by: Based on review of proficiency testing (PT) records and staff interview, the laboratory received an unsatisfactory score in the second event of 2023 for the specialty of Hematology. Findings included: Review of American Association of Bioanalysts (AAB) revealed a score of 8 % for Cell identification or White Blood Cell Differential, 60 % for Red Blood cells, 40 % for Hematocrit, 40 % for Hemoglobin, and 20 % for White Blood Cell count resulting in an overall score of 21 % in the second event of 2023. During an interview on 10/12/2023 at 12:30 PM, testing person #A confirmed that the laboratory failed the PT event of reference.