Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 10D0977441	**(X3) Date Survey Completed** 05/23/2018
Name of Provider or Supplier Orlando Health Medical Group Inc	**Street Address, City, State** 4106 W Lake Mary Blvd Ste 215, Lake Mary, 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**
D5435	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(b)(2) For equipment, instruments, or test systems developed in-house, commercially available and modified by the laboratory, or maintenance and function check protocols are not provided by the manufacturer, the laboratory must: (i) Define a function check protocol that ensures equipment, instrument, and test system performance that is necessary for accurate and reliable test results and test result reporting. (ii) Perform and document the function checks, including background or baseline checks, specified in paragraph (b)(2)(i) of this section. Function checks must be within the laboratory's established limits before patient testing is conducted. This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to perform function checks to validate the speed and time on their centrifuge. Findings: Review of the maintenance logs showed that there was no record of the laboratory's validation of the centrifuge speed and time from 5/23/16 to 5/23/18. During an interview on 5/23/18 at 12 PM, Testing Personnel A acknowledged that they had not performed any validations on the centrifuge.