

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0979214	(X3) Date Survey Completed 06/10/2022
Name of Provider or Supplier Russel S Glaun Md Pa	Street Address, City, State 1590 Nw 10th Ave Ste 304, Boca Raton, 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 was completed on 6/10/2022 at Russel S Glaun MD PA. The laboratory was not in compliance with 42 CFR Part 493, Requirements for Laboratories.
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to perform peer review twice annually for Scabies testing in 2020 and 2021. Findings included: Review of Scabies proficiency testing log revealed no documentation of Scabies peer-review performed twice annually in 2020 and 2021. Review of Scabies log revealed 6 patients had been tested for scabies from 2020 to 2021. During an interview on 6/10/2022 at 3:55 PM, the laboratory director and technologist confirmed that the laboratory failed to perform peer review twice annually for Scabies testing in 2020 and 2021.</p>