

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0985482	(X3) Date Survey Completed 03/20/2019
Name of Provider or Supplier Pediatric Health Of Weston Pa	Street Address, City, State 2233 N Commerce Pkwy Ste 2, Weston, 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
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES 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 laboratory director (LD), the laboratory failed to document the annual competency assessment on 1 out of 1 testing personnel for 2 out of 2 years reviewed. Findings include: Review of employee documentation showed that the laboratory failed to have documentation of annual competency assessment on 2017 and 2018 for TP. During an interview on 03/20/2019 at 11:30 AM, with the LD, he confirmed that there was no competency assessment documented for the period of reference for TP.</p>
D5293	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(b)(c)</p> <p>(b) The general laboratory systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of general laboratory systems quality assessment reviews with appropriate staff. (c) The laboratory must document all general laboratory systems quality assessment activities.</p> <p>This STANDARD is not met as evidenced by: Based on review of quality assurance policy and interview with laboratory director (LD) the laboratory failed to document the quality assurance (QA) activity for 2 out of 2 years reviewed (2017 and 2018). Findings include: Quality assurance policy stated</p>

to perform a monthly review, with a checklist, to evaluate the overall activity of the laboratory. Review of laboratory records revealed that there was no documentation of the QA activity during the years 2017 and 2018. During an interview on 03/20/2019 at 11:30 AM, with the LD, he confirmed that there were no records of QA activity for the years of reference