

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D1015828	(X3) Date Survey Completed 11/20/2018
Name of Provider or Supplier Genesiscare Usa Of Florida, Llc	Street Address, City, State 1 S School Ave Ste 102, Sarasota, 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
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 with Testing Personnel #C, the laboratory failed to verify the accuracy of urine cytology twice annually for two out of two years reviewed (2016-2018). Findings included: Record review of proficiency testing records and peer reviews revealed the laboratory failed to verify the accuracy of urine cytology twice annually for two out of two years reviewed (2016 - 2018). Interview at 12:45 p.m. on November 20, 2018 with Testing Personnel #C confirmed the laboratory had not verified twice annually the accuracy of urine cytology for both years reviewed (2016-2018).</p>