

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D1038878	<b>(X3) Date Survey Completed</b>  01/13/2025
<b>Name of Provider or Supplier</b>  Reliance Pathology Partners Llc	<b>Street Address, City, State</b>  516 Vonderburg Dr, Brandon, FL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	An announced CLIA recertification survey was conducted at Reliance Pathology Partners LLC on 01/13/2025. The laboratory is not in compliance with 42 CFR Part 493, Requirements for Laboratories.
<b>D3001</b>	<p>FACILITIES CFR(s): 493.1101(a)(1)</p> <p>(a) The laboratory must be constructed, arranged, and maintained to ensure the following: (a)(1) The space, ventilation, and utilities necessary for conducting all phases of the testing process.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview the laboratory failed to ensure an adequate ventilation system to remove vapors and fumes. Findings include: 1. During the laboratory tour on 01/13/2025 at 9:55 AM to 10:35 AM, a gallon jug of Reagent Alcohol with a label/pictogram with the words "FUME HOOD" was observed. A tissue processing and staining work station was present. No fume hood was present. Photographic evidence was taken. 2. Interview with the Lead Technologist on 01/13/2025 at 10:35 AM confirmed the lab utilized the Reagent Alcohol and did not have a fume hood.</p>