

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D1041960	(X3) Date Survey Completed 01/10/2018
Name of Provider or Supplier Pediatric Associates	Street Address, City, State 21097 Ne 27th Ct, Aventura, 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
D5221	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d)</p> <p>All proficiency testing evaluation and verification activities must be documented.</p> <p>This STANDARD is not met as evidenced by: Based on review of API (American Proficiency testing) proficiency testing results and interview with the Office Manager, the laboratory failed to perform remedial action on 2 out of 2 unsatisfactory events. Findings included: Review of API proficiency testing revealed a score of 80% on the 1st event of hematology and 80 % on the second event of microbiology in 2016. The review of the results revealed that no corrective action was taken for the 1 out of 5 results that had unsatisfactory result in the specialties of reference. During an interview on 01/10/2018 at 10:30 am the office manager confirmed that no corrective action was done on the unsatisfactory result.</p>