

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D1082767	<b>(X3) Date Survey Completed</b>  09/09/2020
<b>Name of Provider or Supplier</b>  Ameripath Florida Llc	<b>Street Address, City, State</b>  6806 N Sr 7, Coconut Creek, 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>	A recertification survey conducted on 9-9-2020 found that Ameripath Florida LLC clinical laboratory was not in compliance with 42 CFR Part 493, Requirements for Laboratories.
<b>D3039</b>	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(5)</p> <p>Quality system assessment records. Retain all laboratory quality system assessment records for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory failed to provide documentation of their quality system assessment (QA) logs for the year 2019. Findings Included: A review of the QA logs revealed no documentation of QA logs for 2019. An interview on 9-9-2020 at 11:41 AM with the general supervisor B confirmed there was no QA logs for the year of 2019.</p>