

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D1084000	(X3) Date Survey Completed 01/17/2018
Name of Provider or Supplier Ear Nose & Throat Associates Of Manatee Pa	Street Address, City, State 701 Manatee Ave W Ste 202, Bradenton, 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 the Office Manager, the laboratory failed to verify the accuracy of testing twice a year by only conducting peer reviews once in 2017. Findings Included: Review of peer reviews revealed that in 2017 the only peer review performed was on 11/17/17. During an interview on 01/17/18 at 1:00 PM the Office Manager confirmed that there was only 1 peer review conducted in 2017.</p>