

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2024541	(X3) Date Survey Completed 02/09/2021
Name of Provider or Supplier Center For Sight Pl	Street Address, City, State 1370 East Venice Ave Suite 205, Venice, 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
D0000	An announced CLIA recertification survey was conducted at Center for Sight PL on 02/09/21. The laboratory is not in compliance with 42 CFR Part 493, Requirements for Laboratories. The following is a description of the standard level deficiencies:
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview with the Director of Operations, the laboratory failed to include the address of where Mycology, Parasitology, and Histopathology testing was performed since 6/2019. Findings Included: A review of 6 patient final reports from 6/5/2019, 12/5/2019, 5/7/2020, 9/17/2020, 11/4/2020, and 01/19/21 revealed that the 6 reports did not contain the address of where the testing was performed. Interview on 02/09/21 at 11:15 AM with the Director of Operations revealed she did not know that the laboratory address needed to be on the test report.</p>