

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D2038724	<b>(X3) Date Survey Completed</b>  01/09/2018
<b>Name of Provider or Supplier</b>  Infectious Diseases Associates Of North Central	<b>Street Address, City, State</b>  3306 Sw 26th Ave Ste 104, Ocala, 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>D2122</b>	<p><b>HEMATOLOGY</b> CFR(s): 493.851(b)</p> <p>Failure to attain an overall testing event score of at least 80 percent is unsatisfactory performance.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to have a passing proficiency test score for the second testing event of 2017 for the speciality of Hematology. Findings include: The 1/9/18 record review of the American Proficiency Institute testing results for the second event of 2017 showed the follow scores: Erythrocyte count 20% Hematocrit 20% Hemoglobin 20% Leukocyte 20% Monocytes 40% Platelet 20% White Blood Cell Differential 27% Granulocytes 20% Mean Corpuscular Volume 40% The 1/9/18 interview with the technical consultant at 10:38am confirmed the laboratory had failed proficiency testing due to a data entry error.</p>
<b>D5445</b>	<p><b>CONTROL PROCEDURES</b> CFR(s): 493.1256(d)(1)(2)(g)</p> <p>Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must-- (d)(1) Perform control procedures as defined in this section unless otherwise specified in the additional specialty and subspecialty requirements at 493.1261 through 493.1278. (d)(2) For each test system, perform control procedures using the number and frequency specified by the manufacturer or established by the laboratory when they meet or exceed the requirements in paragraph (d)(3) of this section. (g) The laboratory must document all control procedures performed.</p>

This STANDARD is not met as evidenced by:

Based on record review and staff interview, the facility failed to perform quality control for complete blood count testing for one of thirty-one days reviewed in December 2017. Findings include: The 1/9/18 record review of the daily quality control printouts showed no quality control was performed on 12/13/17. The review of the patient test log showed one patient was tested on that day. The interview with the technical consultant on 1/9/18 at 10:48am confirmed that quality control testing was not completed.