

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D2054272	<b>(X3) Date Survey Completed</b>  06/18/2019
<b>Name of Provider or Supplier</b>  Endocrinology Of Central Florida	<b>Street Address, City, State</b>  929 Williston Park Point, Lake Mary, 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>D5407</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to document that the Laboratory Director approved, signed and dated the procedure manual. Findings: Review of the laboratory's procedure manual showed that the laboratory director failed to document that he approved, signed and dated the procedure manual. During an interview on 6/18/19 at 1:24 PM, the Registered Nurse acknowledged that the procedure manual was not signed and dated by the Laboratory Director.</p>