

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2061921	(X3) Date Survey Completed 03/01/2019
Name of Provider or Supplier Mid-Florida Pathology - Mobile Unit 2	Street Address, City, State 2100 Prevatt Street, Eustis, 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
D5413	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b)</p> <p>The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following: (1) Water quality. (2) Temperature. (3) Humidity. (4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to record the temperature of the laboratory's cryostat from 2/15/19 to 2/26/19. Findings: Review of the laboratory's "Frozen Section Log Sheet" showed that temperature of the cryostat was missing on days that patients testing was performed. The cryostat temperature was not recorded on 2/15/19, 2/18/19, 2/19/19, 2/20/19, 2/21/19 and 2/26/19. On 3/01/19 at 12:30 PM, Quality Assurance Coordinator stated the cryostat temperature was not recorded on those days.</p>