

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2079014	(X3) Date Survey Completed 12/10/2020
Name of Provider or Supplier Asap Lab	Street Address, City, State 4350 Oakes Rd Suite 513, Davie, 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
D5300	<p>PREANALYTIC SYSTEMS CFR(s): 493.1240</p> <p>Each laboratory that performs nonwaived testing must meet the applicable preanalytic system(s) requirements in 493.1241 and 493.1242, unless HHS approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing. The laboratory must monitor and evaluate the overall quality of the preanalytic systems and correct identified problems as specified in 493.1249 for each specialty and subspecialty of testing performed.</p> <p>This CONDITION is not met as evidenced by: Based on record review, observation and staff interview the laboratory failed to ensure that COVID-19 specimens were stored and shipped within acceptable temperatures since 10/09/2020. (See 5311)</p>