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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 10D2079996 | (X3) Date Survey Completed 01/22/2018 |
| Name of Provider or Supplier Pediatric Associates | Street Address, City, State 10710 Fl 54 Ste 108, Trinity, 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 |
|---------------------------|---|
| D2121 | <p>HEMATOLOGY CFR(s): 493.851(a)</p> <p>Failure to attain a score of at least 80 percent of acceptable responses for each analyte in each testing event is unsatisfactory analyte performance for the testing event.</p> <p>This STANDARD is not met as evidenced by: Based on review of API (American Proficiency Institute) proficiency testing and interview with the Technical Consultant, the laboratory failed to score at least 80% for White Blood Cell Diff in the specialty of Hematology in 1 (2nd testing event of 2016) out of 6 testing events (1st, 2nd, and 3rd testing events in 2016 and 2017) reviewed. Findings Included: Review of API proficiency testing revealed that the laboratory scored a 40% for White Blood Cell Diff in the 2nd testing event of 2016. During an interview on 01/22/18 at 11:00 AM the Technical Consultant confirmed the proficiency testing failure.</p> |