

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2090334	(X3) Date Survey Completed 09/16/2026
Name of Provider or Supplier Pediatric Associates	Street Address, City, State 3950 N 46th Ave, Hollywood, 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
D0000	An announced CLIA recertification survey was conducted at PEDIATRIC ASSOCIATES on September 16, 2026. The laboratory was surveyed under 42 CFR Part 493 CLIA requirements. Standard deficiencies cited are as follows:
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) (b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods. This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory failed to have the Testing Personnel (TP) sign the attestation for one (2nd event of 2026) out of five events (2025 1st, 2nd, 3rd and 2026 1st, 2nd) in the Hematology specialty. Findings included: 1-Review of the American Proficiency Institute (API) Proficiency Testing (PT) Attestation Statement noted: "Signatures Required. For all PT results, an attestation statement must be signed by the testing personnel and Laboratory Director and retained for a minimum of two years. 2-Review of attestations for the Hematology /Coagulation API PT, revealed that the attestation for 2nd event of 2026 done on 07/29 /2026 was missing the signature of the TP. 3-During an interview on 09/16/2026 at 12: 30 PM, the Regional Laboratory Supervisor confirmed that the TP failed to sign attestation for the event of reference.