

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2110314	(X3) Date Survey Completed 07/29/2022
Name of Provider or Supplier Afc Urgent Care Family Care	Street Address, City, State 7101 Us 19 N, Pinellas Park, 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 unannounced complaint survey for complaint #2022008651, was conducted on 07/29/22 at AFC Urgent Care Family Care. The facility was not in compliance with 42 CFR 493, Requirements for clinical laboratories. The following is a description of the standard level deficiencies:
D8201	<p>INSPECTION OF COW OR PPMP LABS CFR(s): 493.1775(b)</p> <p>(b) If necessary, CMS or a CMS agent may conduct an inspection of a laboratory issued a certificate of waiver or a certificate for provider-performed microscopy procedures at anytime during the laboratory's hours of operation to do the following: (b)(1) Determine if the laboratory is operated and testing is performed in a manner that does not constitute an imminent and serious risk to public health. (b)(2) Evaluate a complaint from the public. (b)(3) Determine whether the laboratory is performing tests beyond the scope of the certificate held by the laboratory. (b)(4) Collect information regarding the appropriateness of tests specified as waived tests or provider-performed microscopy procedures.</p> <p>This STANDARD is not met as evidenced by: Based on record review of the COVID log, patient test reports and interview with the Administrator, the laboratory failed to identify, investigate, and take corrective action for discrepant test results between the COVID log and the final lab report for one (#13) of 20 patients sampled. Findings included: During a complaint investigation conducted on 07/29/22, a review of the "RAPID COVID LOG" dated 6/11/22 revealed Patient # 13 had a negative test result. A review of Patient #13's visit report dated 6/11/22 revealed "Lab Results: SOFIA RAPID COVID: POSITIVE." On 7/29/22 at 10:40 a.m., the Administrator stated she believed the log was incorrect, and the report from the electronic medical record was correct because the practitioner would have questioned the results if they did not think the patient had COVID. Follow-up interview with the Administrator on 07/29/22 at 11:50 a.m. revealed the testing</p>

personnel collects the specimen, runs the test, puts the results in the electronic medical record, logs the results, and gives the provider the results verbally if the result is positive. The Administrator confirmed that the laboratory had not identified the discrepancy between the log and the lab result documented on the visit report prior to the 07/29/22 complaint survey.