| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number<br><br>10D2117825 | (X3) Date Survey Completed<br><br>07/02/2018 |
|---|---|---|
| **Name of Provider or Supplier**<br><br>Interlab Corp | **Street Address, City, State**<br><br>9000 Nw 15th St Unit 1a, Doral, 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 onsite recertification and addition of specialty survey conducted on 7/2/2018 found Interlab Corp clinical laboratory was not in compliance with 42 CFR Part 493, Requirements for Laboratories |
| **D5217** | EVALUATION OF PROFICIENCY TESTING PERFORMANCE<br>CFR(s): 493.1236(c)(1)<br><br>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review for the histopathology specialty and interview with the Cytology Supervisor (CS), the laboratory failed to verify the accuracy of the histopathology testing twice a year from 10/2016 to 7/2018. Findings include: Review of proficiency testing records showed that there was no documentation of peer review from 9/2016 to 7/2018 for histopathology testing. During an interview on 7/2/2018 at 11:45 AM, the CS confirmed that the laboratory had not verified the accuracy of the interpretation of histopathology slides during the period of reference. |