

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2133980	(X3) Date Survey Completed 01/22/2019
Name of Provider or Supplier Planned Parenthood Of Southwest & Central Fl	Street Address, City, State 236 East Bearss Ave, Tampa, 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
D5417	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d)</p> <p>Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview with the Office Manager, the laboratory failed to ensure that blood used for immunohematology quality controls were not expired prior to being used for 2 days in the 2 years (2017, 2018) reviewed. Findings Included: Review of the "NTP Health Center Rh Log" Sheet revealed on 07/07/2018 and 07/11/2018 the blood used for positive and negative controls expired on 07/06/2018. Review of patient charge records for 07/07/2018 revealed 16 patients had been tested and 16 patients had been tested on 07/11/2018. Interview on 01/22/18 at approximately 11:00 AM, Office Manager confirmed that the documentation on the logs indicated that expired blood was used for quality controls.</p>