

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2134418	(X3) Date Survey Completed 04/05/2019
Name of Provider or Supplier Quality Pathology Group Inc	Street Address, City, State 260 Nw Peacock Blvd, Suite 101, Port Saint Lucie, 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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to verify the accuracy of the reading and interpretation of the Hematoxylin and Eosin (H&E) stain in 2018 at least twice annually for two testing personnel (A & C). Findings: The laboratory uses peer review to verify the accuracy of the reading and interpretation H&E stain. Review of the laboratory's records showed that peer review was performed in only once in December of 2018 for testing person A and C. The procedure titled "Quality Assurance Plan" noted that proficiency testing will be sent out twice a year. During an interview on 4/05/19 at 9:33 AM, the Laboratory Director acknowledged that peer review was sent out only once in 2018.</p>