

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2135585	(X3) Date Survey Completed 02/25/2019
Name of Provider or Supplier Gastroenterology Consultants Cfl Pa	Street Address, City, State 7364 Stonerock Cir Ste B, Orlando, 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
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on record review, observation, and interview, the laboratory's pathology reports failed to provide the test results of the Periodic Acid - Schiff (PAS) stain in 3 out of 5 patients' pathology reports examined from 11/28/17 to 2/25/19. Findings: Review of the "Technical Quality Assurance Form and Slide Delivery Log" indicated that PAS stained slides were performed on patient #3, #4 and #5. Observation of the slides for patient #3, #4 and #5 showed that a PAS slide was included with the other slides for the patients. Review of the "GI Pathology Report" for patient #3, #4 and #5 showed that the test results of the PAS slides were not included in the reports. During an interview on 2/25/19 at 12:21 PM, Laboratory Director acknowledged that the test result of the PAS stains were not mentioned on the pathology reports.</p>