

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2162406	(X3) Date Survey Completed 02/02/2023
Name of Provider or Supplier Sarasota Pathology	Street Address, City, State 559 4th Ave S, Saint Petersburg, 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 announced CLIA recertification survey was conducted at Sarasota Pathology on 02/02/2023. The laboratory is not in compliance with 42 CFR Part 493, Requirements for Laboratories. The following is a description of the standard level 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 with the Laboratory Director, the laboratory failed to verify the accuracy of cytology (non-gynecological) testing twice a year for one (#A) out of two Testing Personnel (#A, #B) for 2 out of 2 years (2021 - 2022) reviewed. Findings Included: Review of the policy titled "Semi-Annual Peer Review" revised 08/25/2020 revealed: "3. Procedure a. Biannually five random specimen slides, requisitions, and pathology reports will be retrieved from the slide center b. The cases will be sent to a pathologist within the practice for evaluation of accuracy and quality." Record review for 2021 and 2022 revealed no evidence of cytology (non-gynecological) peer review records to verify accuracy were completed for Testing Personnel #A, who is also the Laboratory Director. On 02/03/23 at 12:30 PM, the Laboratory Director stated she did not know that twice annual verification of accuracy needed to be performed on cytology (non-gynecological) testing.</p>