

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2162406	(X3) Date Survey Completed 06/26/2024
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
D3011	<p>FACILITIES CFR(s): 493.1101(d)</p> <p>Safety procedures must be established, accessible, and observed to ensure protection from physical, chemical, biochemical, and electrical hazards, and biohazardous materials.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures and interview the laboratory failed to establish and follow safety procedures to ensure protection from physical, chemical and electrical hazards. Findings include: 1. The Survey Team requested and the laboratory failed to provide written policies and procedures to ensure protection from physical, chemical and electrical hazards. 2. During an interview on June 25, 2024 at 10:45 AM, when asked if the laboratory had written safety procedures to ensure protection from physical, chemical and electrical hazards that were specific to the laboratory being surveyed, the Supervisor replied "no."</p>