

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2166854	(X3) Date Survey Completed 05/10/2021
Name of Provider or Supplier Indian River Pathology Llc	Street Address, City, State 525 Nw Lake Whitney Place Suite 206, 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
D0000	A recertification survey was conducted on May 10, 2021. Indian River Pathology LLC clinical laboratory was not in compliance with 42 CFR 493, requirements for clinical laboratories.
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 staff interview, the laboratory failed to verify the accuracy of the reading and interpretation of the Methylene Blue stain at least twice annually in 2020. Findings: The laboratory used peer review to verify the accuracy of the reading and interpretation of Methylene Blue stain. Review of the laboratory's records showed peer review for the Laboratory Director was not performed in 2020. During an interview on 5/10/21 at 2:05 PM, Testing Personnel B stated peer review for 2020 was performed in 2021.</p>