

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2190328	(X3) Date Survey Completed 09/28/2021
Name of Provider or Supplier Carestream Medical Ltd	Street Address, City, State 821 Waterway Place, Longwood, 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
D5800	<p>POSTANALYTIC SYSTEMS CFR(s): 493.1290</p> <p>Each laboratory that performs nonwaived testing must meet the applicable postanalytic systems requirements in 493.1291 unless HHS approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7) that provides equivalent quality testing. The laboratory must monitor and evaluate the overall quality of the postanalytic systems and correct identified problems as specified in 493.1299 for each specialty and subspecialty of testing performed.</p> <p>This CONDITION is not met as evidenced by: Based on record review and interview, the laboratory's quality assessment program failed to correct identified problems in the postanalytic system. Findings: Cross Reference D5805: Based on record review and interview, the patient test reports failed to provide all required information for laboratory test reports for 3 of 3 patients, (#1, #2, #3). This is a repeat deficiency from the initial survey on 07/16/2021.</p>