

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2251303	(X3) Date Survey Completed 11/06/2024
Name of Provider or Supplier Quality Pathology Group Inc	Street Address, City, State 1000 Se Federal Hwy, 2nd Floor, Stuart, 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 November 6, 2024. Quality Pathology Group Inc clinical laboratory was not in compliance with 42 CFR 493, requirements for clinical laboratories.
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 review of the pathology reports, and interview, the laboratory failed to report where the professional component for the frozen section, and the technical and professional component for the biopsy were performed for 4 of 4 patients, (#1, #2, #3 #4). Finding: Review of the pathology reports showed the results of the frozen section and the biopsy did not clearly indicate where the frozen section professional component, and where the technical and professional component for the biopsy were performed. On 11/06/2024 at 10:18 PM, the Laboratory Director acknowledged the pathology reports did not clearly indicate where each component was performed.</p>