

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D0306179	(X3) Date Survey Completed 03/09/2023
Name of Provider or Supplier Whit Family Clinic Fitz-Gerald	Street Address, City, State 203 Highway 80 West, Demopolis, AL	
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
D2009	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on a review of CAP (College of American Pathologists) Proficiency Testing records, a review of Testing Personnel records, and an interview with the Laboratory Director, the Laboratory Director failed to sign the attestation statement for three out of four PT events reviewed. The findings include: 1. A review of Proficiency Testing records revealed Testing Personnel #2 signed as the Laboratory Director on the following three survey events: A) 2022 Hematology A B) 2022 Hematology B C) 2022 Hematology C 2. A review of Personnel records revealed Testing Personnel #2 had a high school diploma, and did not qualify to act as a designee for the Laboratory Director. 3. During an interview on 3/9/2023 at 11:30 AM, the Laboratory Director confirmed the above findings.</p>