

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D0859639	(X3) Date Survey Completed 09/03/2024
Name of Provider or Supplier Hematology And Oncology Associates Of Alabama	Street Address, City, State 705 Goodyear Avenue, Gadsden, 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 the American Association of Bioanalysts-Medical Laboratory Evaluation (AAB-MLE) Proficiency Testing (PT) records and an interview with Testing Personnel #2, the laboratory failed to ensure the Testing Personnel signed the PT attestation statements. This was noted for five of five events reviewed in 2023 through 2024. The findings include: 1. A review of the AAB-MLE records revealed no evidence of Testing Personnel signatures on attestation statements for the following events: a) 2023 Non Chemistry M1 b) 2023 Non Chemistry M2 c) 2023 Non Chemistry M3 d) 2024 Non Chemistry M1 e) 2024 Non Chemistry M2 2. During the exit interview on September 3, 2024, at 1:00 PM, Testing Personnel #2 confirmed the above findings.</p>