

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  01D1013293	<b>(X3) Date Survey Completed</b>  06/11/2019
<b>Name of Provider or Supplier</b>  Cullman Oncology & Hematology	<b>Street Address, City, State</b>  1750 Alabama Hwy 157, Cullman, AL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D2009</b>	<p><b>TESTING OF PROFICIENCY TESTING SAMPLES</b> 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 2017 - 2019 API (American Proficiency Institute) Proficiency Testing records and an interview with the Laboratory Director and Testing Personnel #1, the laboratory failed to ensure attestation statements for six out of six surveys were signed by the Laboratory Director and the testing personnel. The findings include: 1. A review of the API Proficiency Testing (PT) records revealed no signatures of the Laboratory Director and the Testing Personnel on the attestation statements for the all surveys performed since the previous CLIA survey on 6/13 /2017. This included 2017-Hematology Event #2 through 2019-Event #1. 2. In an interview on 6/11/2019 at 3:50 PM, the Laboratory Director and Testing Personnel #1 reviewed the PT records with the surveyor, and confirmed the above noted findings. SURVEYOR ID#32558 Licensure and Certification Surveyor</p>