

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D2192197	(X3) Date Survey Completed 06/06/2023
Name of Provider or Supplier Auburn Pediatric And Adult Medicine	Street Address, City, State 560 Devall Drive, Suite 201, Auburn, 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 Proficiency Institute (API) Proficiency Testing (PT) records and an interview with the Technical Consultant, the laboratory failed to ensure the Laboratory Director signed the attestation statements for two of five events in 2021 and 2022. The findings include: 1. A review of the API PT records revealed no signature by the Laboratory Director (or designee) on attestation statements for the following surveys: a) 2021 Hematology 3rd Event. b) 2022 Hematology 2nd Event. 2. During an interview on June 6, 2023, at 11:10 AM, the Technical Consultant confirmed the above findings.</p>