

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D2192197	(X3) Date Survey Completed 06/11/2025
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
D5429	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>(a)(1) Maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.</p> <p>This STANDARD is not met as evidenced by: Based on reviews of the Abbott Cell Dyn Emerald maintenance logs, the Abbott Cell Dyn Emerald Operator's Manual and interviews with the Technical Consultant (TC), Testing Personnel 21 (TP21) and Testing Personnel 22 (TP22), the laboratory failed to ensure weekly maintenance was performed and documented for two of the five months reviewed from 2023 - 2025. The findings include: 1. A review of the Abbott Cell Dyn Emerald analyzer maintenance logs revealed no weekly maintenance documentation for December 2023 and March 2024. 2. A review of the Abbott Cell Dyn Emerald Operator's Manual revealed the manufacturer's requirements in the Preventive Maintenance Schedule, Page 9-11, "...Weekly Maintenance: Bleach or Bleach + Cleaning." 3. During the exit conference with the TC, TP21 and TP22 on 06-11-2025 at 3:05 PM, the TC confirmed the above findings.</p>
D6046	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8)</p> <p>(b)(8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently. The procedures for evaluation of the competency of the staff must include, but are not limited to--</p> <p>This STANDARD is not met as evidenced by: Based on a review of the personnel records and interviews with the Technical</p>

Consultant (TC), Testing Personnel 21 (TP21) and Testing Personnel 22 (TP22), the TC failed to ensure Testing Personnel (TP) performing moderate complexity testing had competency assessments which included all six CLIA minimal regulatory requirements. The surveyor noted one of the six requirements was missing on the semi-annual and annual competencies. The findings include: 1. A review of the 2023-2025 personnel records for TP listed on the CMS-209 (Laboratory Personnel Report) revealed competency assessments for the Hematology specialty had no documentation on one of the six CLIA minimal regulatory requirements, as follows: (1) Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples. 2. The TC, TP21 and TP22 confirmed the above findings during the exit conference on 06-11-2025 at 3:05 PM.

D6054

TECHNICAL CONSULTANT RESPONSIBILITIES
CFR(s): 493.1413(b)(9)

(b)(9) Thereafter, evaluations must be performed at least annually

This STANDARD is not met as evidenced by:
Based on a review of personnel evaluation records and an interview with the Technical Consultant (TC), the Testing Personnel 21 (TP21) and Testing Personnel 22 (TP22), the TC failed to assess and document the annual competency for one of 24 Testing Personnel (TP) responsible for moderate complexity testing from the date of the last survey, 06-23-2023 to the date of the current survey, 06-11-2025. The findings include: 1. A review of personnel records for TP listed on the CMS-209 Form (Laboratory Personnel Report) revealed the TC failed to perform and document the annual competency assessment for TP1 from 2023-2025. 2. During the exit conference on 06-11-2025 at 3:05 PM, the TC, TP21 and TP22 confirmed the above findings.