

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D0260659	<b>(X3) Date Survey Completed</b>  01/16/2018
<b>Name of Provider or Supplier</b>  Sandy Springs Pediatrics	<b>Street Address, City, State</b>  6100 Lake Forrest Dr, Ste 100, Sandy Springs, GA	
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>D0000</b>	A Clinical Laboratory Improvement Amendments (CLIA) recertification survey was completed on January 16, 2018. The laboratory was not in compliance with all applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. The following deficiency was cited:
<b>D2016</b>	<p><b>SUCCESSFUL PARTICIPATION</b> CFR(s): 493.803(a)(b)(c)</p> <p>(a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history.</p> <p>This CONDITION is not met as evidenced by: Based on the review of laboratory documents and an interview with testing personnel (TP #5), office manager and next laboratory director, the laboratory failed to maintain a satisfactory performance in two out of three consecutive events of the American Proficiency Institute (API) for Urine Cultures. Findings include: 1.) Proficiency</p>

Testing (API) documents review of 2017 revealed that the facility scored a 66% in the first and third events of 2017 for Urine Cultures. 2.) An interview with the office manager, TP#5(CMS209) and next laboratory director confirmed the failure of testing events (#1) and (#3) of 2017 (API) Proficiency Testing.