Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	11D0262499	09/08/2021
Name of Provider or Supplier	**Street Address, City, State**	
Childrens Doctor Pc	2366 Battlefield Parkway, Fort Oglethorpe, GA	

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
D0000	A Clinical Laboratory Improvement Amendments (CLIA) Recertification survey was completed on, September 8 2021. Condition and Standard level Citations were found. The laboratory was not in compliance with applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. The following deficiencies were cited:
D2123	HEMATOLOGY CFR(s): 493.851(c) Failure to participate in a testing event is unsatisfactory performance and results in a score of 0 for the testing event. Consideration may be given to those laboratories failing to participate in a testing event only if-- (1) Patient testing was suspended during the time frame allotted for testing and reporting proficiency testing results; (2) The laboratory notifies the inspecting agency and the proficiency testing program within the time frame for submitting proficiency testing results of the suspension of patient testing and the circumstances associated with failure to perform tests on proficiency testing samples; and (3) The laboratory participated in the previous two proficiency testing events. This STANDARD is not met as evidenced by: Based on the review of the College of American Pathology (CAP) Proficiency Testing (PT) provider, and staff interview, the laboratory failed to participate in the 1rst event of 2020 for Hematology. Findings: 1. Review of the CAP PT documents, the laboratory failed to submit the results for the 1rst event for 2020. 2. Interview with Staff #2 (CMS 209 form), on September 08. 2021, at approximately 1pm, in the exam room, confirmed the aforementioned statement.
D6017	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(ii) The laboratory director is responsible for the overall operation and administration of

	the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(ii) Ensure that results are returned within the timeframes established by the proficiency testing program. This STANDARD is not met as evidenced by: Based on the review of the College of American Pathology (CAP) Proficiency Testing (PT) provider, and staff interview, the Laboratory Director (LD) failed to ensure the the 1rst event of 2020 for Hematology results were submitted for evaluation. Findings: 1. A review of the CAP PT documents confirmed that the LD failed to ensure that results for the 1rst event for Hematology 2020 were submitted by the deadline. 2. Interview with Staff #2 (CMS 209 form), on September 08, 202, at approximately 1pm, in the exam room, confirmed the aforementioned statement.