Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0263537	(X3) Date Survey Completed 11/17/2023
Name of Provider or Supplier Internal Medicine Associates Of Middle Georgia Pc	**Street Address, City, State** 97 Martin Luther King Jr Dr, Forsyth, 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 recertification survey was performed on November 17, 2023. The facility was found to be NOT in compliance with all applicable CLIA requirements for specialties /subspecialties for 42 CFR.
D5203	SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232 The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results. This STANDARD is not met as evidenced by: Observation and staff interview during the tour of the laboratory confirmed that the laboratory failed to follow written policy on labeling of specimen tubes with two unique identifiers. Findings: 1. Observation during the tour of the laboratory, on November 17, 2023, there were 2 urine specimens, on the counter, that were not labeled with two unique identifiers. Sample #1 was labeled with a first initial and the last name, sample #2 was labeled with the first and last name. 2. Observation during the tour of the laboratory, on November 17, 2023 confirmed there were 3 SST tubes in the collection rack without two unique identifiers. The 3 SST tubes were labeled with the first and last name of the patient only. 3. Interview with Testing Personnel #1, (CMS 209 Laboratory Personnel Report) on November 17, 2023, in the laboratory, confirmed that the 2 urine specimens and the 3 SST tubes, were not labeled with two unique identifiers.