

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0264270	(X3) Date Survey Completed 07/25/2018
Name of Provider or Supplier Allergy & Asthma Clinic - Macon	Street Address, City, State 2076 Ingleside Ave, Macon, 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 July 25, 2018. 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:
D2007	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods</p> <p>This STANDARD is not met as evidenced by: Based on review of the Proficiency Testing (PT) attestation statements and staff interview, the laboratory failed to rotate PT testing among all testing personnel (TP). Findings include: 1. Review of the 2017- 2018 (to date) PT documents revealed TP #1 (CMS 209 form) performed all the PT testing. 2. Interview with TP #1 (CMS 209 form) on 7/25/18 at approximately 2:30 PM in the side office confirmed the same TP had performed all the 2017-2018 (to date) PT.</p>