

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0265755	(X3) Date Survey Completed 04/12/2022
Name of Provider or Supplier Medical Associates Of Albany Pc	Street Address, City, State 101 Oakland Crossing Dr, Leesburg, 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 April 12, 2022. 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:
D5211	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a)</p> <p>The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.</p> <p>This STANDARD is not met as evidenced by: Based on review of the American Proficiency Institute (API) Proficiency Testing (PT) documents for 2020, 2021, and 2022, the laboratory did not provide documentation of acceptable corrective action for results of less than 100%. Findings: 1. Review of the API PT documents, for the Specialty of Chemistry, 2020, 1st event, the laboratory scored 80% for subspecialty Alanine Aminotransferase (ALT/SGPT). There was no documentation of corrective action provided. 2. Review of the API PT documents for Speciality Chemistry, 2020, 2nd event, the laboratory scored 50% for subspecialty Prostate Specific Antigen (PSA). There was no documentation of corrective action provided. 3. Review of the API PT documents for Speciality Hematology, 2020, 2nd event, the laboratory scored 80% for subspecialty Differential/Eosinophil count. There was no documentation of corrective action provided. 4. Review of the API PT documents for Speciality Chemistry, 2021, 1st event, the laboratory scored 60% for subspecialty Carbon Dioxide (CO2). There was no documentation of corrective action provided. 5. Interview with staff # 2 (CMS form 209) on April 12, 2022, in the laboratory office, at approximately 12pm, confirmed the aforementioned statements.</p>
D6092	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(iv)</p>

The laboratory director must ensure an approved corrective action plan is followed when any proficiency testing result is found to be unacceptable or unsatisfactory.

This STANDARD is not met as evidenced by:

Based on review of the American Proficiency Institute (API) Proficiency Testing (PT) documents for 2020, 2021, and 2022, the Laboratory Director (LD) failed to ensure an approved corrective action plan is followed when any proficiency testing result is found to be unacceptable. The laboratory did not provide documentation of acceptable Corrective Action for results less than 100%. Findings: 1. Review of the API PT documents for the Specialty of Chemistry, 2020, 1st event, the laboratory scored 80% for subspecialty Alanine Aminotransferase (ALT/SGPT). There was no documentation of corrective action provided. 2. Review of the API PT documents for Speciality Chemistry, 2020, 2nd event, the laboratory scored 50% for subspecialty Prostate Specific Antigen (PSA). There was no documentation of corrective action provided. 3. Review of the API PT documents for Speciality Hematology, 2020, 2nd event, the laboratory scored 80% for subspecialty Differential/Eosinophil count. There was no documentation of corrective action provided. 4. Review of the API PT documents for Speciality Chemistry, 2021, 1st event, the laboratory scored 60% for subspecialty Carbon Dioxide (CO₂). There was no documentation of corrective action provided. 5. Interview with staff # 2 (CMS form 209) on April 12, 2022, in the laboratory office, at approximately 12pm, confirmed the aforementioned statements.