Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	11D0677796	06/16/2026
Name of Provider or Supplier	**Street Address, City, State**	
Ware County Health Department	604 Riverside Avenue, Waycross, 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 June 16, 2026. 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:
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) (b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods. This STANDARD is not met as evidenced by: Based on review of proficiency testing records and interview with the Clinical Manager, the laboratory director failed to ensure American Association of Bioanalysis (AAB) proficiency testing attestation statements were maintained. Findings: 1. A review of the AAB proficiency testing records revealed proficiency testing attestation statements for Events 1 and 2 in 2025 and Event 1 in 2026 were not available for review. 2. During an interview with the Clinical Manager in the conference room on June 16, 2026, at approximately 11:40 a.m., it was confirmed that the AAB proficiency testing attestation statements for Events 1 and 2 in 2025 and Event 1 in 2026 were not available for review.
D6019	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iv) (e)(4)(iv) An approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory;

	This STANDARD is not met as evidenced by: Based on review of proficiency testing records and interview with the Clinical Manager, the laboratory director failed to ensure that an approved corrective action plan was followed when American Association of Bioanalysis (AAB) proficiency testing results were found to be unacceptable or unsatisfactory. Findings: 1. Review of proficiency testing records revealed there was no documented corrective action for the failed Event 1 Potassium Hydroxide (KOH) Preparation AAB proficiency testing in 2025 and failed Event 1 Sperm Detection AAB proficiency testing in 2026. 2. During an interview with the Clinical Manager in the conference room on June 16, 2026, at 11:40 a.m., it was confirmed that there was no documented corrective action for Event 1 KOH Preparation AAB proficiency testing in 2025 and Event 1 Sperm Detection AAB proficiency testing in 2026.
D6072	TESTING PERSONNEL RESPONSIBILITIES CFR(s): 493.1425(b)(3) (b)(3) Adhere to the laboratory's quality control policies, document all quality control activities, instrument and procedural calibrations and maintenance performed; This STANDARD is not met as evidenced by: Based on review of quality control records and interview with the Clinical Manager, the laboratory failed to document all quality control activities. Findings: 1. Review of Quality Control records revealed there was no mechanism to document quality control for Provider-Performed Microscopy testing; therefore, no quality control documentation was available for review. 2. An interview with the Clinical Manager, in the conference room, on June 16, 2026, at 12:00 p.m., confirmed that the laboratory did not have a process to document quality control for Provider-Performed Microscopy testing.