

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0682811	(X3) Date Survey Completed 01/23/2020
Name of Provider or Supplier William E Freeman Md	Street Address, City, State 136 S Houston Lake Dr, Warner Robins, 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 January 23, 2020. 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:
D5411	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(a)</p> <p>Test systems must be selected by the laboratory. The testing must be performed following the manufacturer's instructions and in a manner that provides test results within the laboratory's stated performance specifications for each test system as determined under 493.1253.</p> <p>This STANDARD is not met as evidenced by: Based on review of the standard operating procedures, the package insert, and staff interview the laboratory failed to read the Dermatophytic Fungi Culture(DTM) results, and the Nickerson Yeast Culture(Nickerson) results within the 14 day incubation time limit. Findings: 1. Based on review of the DTM and Nickerson test log, the laboratory failed to read the result within in the 14 day incubation time limit for testing. April 2018 thru December 2018, the laboratory failed to read 97 DTM results, and 16 Nickerson results within the 14 day incubation time limit, and 5 patients did not have results posted. 2. Staff interview with the Laboratory Director, and staff #2 (CMS 209 form), on January 23, 202, in the upstairs lab, at approximately 3:30 pm., confirmed that the laboratory failed to document results within the 14 day incubation time limit.</p>