

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D0685804	<b>(X3) Date Survey Completed</b>  02/25/2021
<b>Name of Provider or Supplier</b>  Eastman Pediatric Clinic	<b>Street Address, City, State</b>  1223 Plaza Ave, Eastman, GA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	A Clinical Laboratory Improvement Amendments (CLIA) Recertification survey was completed on February 25, 2021. 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:
<b>D5211</b>	<p><b>EVALUATION OF PROFICIENCY TESTING PERFORMANCE</b> 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 the review of the American Academy of Family Physicians (AAFP) Proficiency Testing (PT) provider, the Laboratory failed to ensure that all PT reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action, for the year 2019 and 2020 for all events. Findings: 1. Based on review of the 2019 AAFP PT documents, the laboratory failed to document review of the evaluation report for all three events for Hematology and Microbiology. 2. Based on review of the 2020 AAFP PT documents, the laboratory failed to document review of the evaluation report for all three events for Hematology and Microbiology. 3. Interview with staff #3 (CMS form 209) on February 25, 2021, at approximately 11 am in the waiting room, confirmed that the laboratory did not document review of the evaluation report for Hematology and Microbiology for 2019 and 2020.</p>
<b>D6018</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(4)(iii)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform</p>

test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(iii) Ensure that all proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action;

This STANDARD is not met as evidenced by:

Based on the review of the American Academy of Family Physicians (AAFP) Proficiency Testing (PT) provider, the Laboratory Director failed to ensure that all PT reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action, for the year 2019 and 2020 for all events. Findings: 1. Based on review of the 2019 AAFP PT documents, the LD failed to document review of the evaluation report for all three events for Hematology and Microbiology. 2. Based on review of the 2020 AAFP PT documents, the LD failed to document review of the evaluation report for all three events for Hematology and Microbiology. 3. Interview with staff #3 (CMS form 209) on February 25, 2021, at approximately 11 am in the waiting room, confirmed that the LD did not document review of the evaluation report for Hematology and Microbiology for 2019 and 2020.