

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D0686173	<b>(X3) Date Survey Completed</b>  03/22/2023
<b>Name of Provider or Supplier</b>  Kavuri And Collier Internal Medicine	<b>Street Address, City, State</b>  2400 Bellvue Road, Erin Office Park #14, Dublin, 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 recertification survey was performed on October 18, 2022. The facility was found to be NOT in compliance with the CLIA conditions for specialties/subspecialties for 42 CFR. D6030 - Laboratory Director - 493.1407 NOTE: The CMS-2567 (Statement of Deficiencies) is an official , legal document,. All information must remain unchanged except for entering the Plan Of Correction (POC), correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported the the Georgia Regional Office (RO) for referral the Office of the Inspector General (OIG) for possible fraud if the information is inadvertently changed by the provide /supplier, the State Survey Agency (SA) should be notified immediately.
<b>D5209</b>	<p><b>PERSONNEL COMPETENCY ASSESSMENT POLICIES</b> CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on review of the testing personnel requirements, and confirmed by staff interview, the laboratory did not have an established written policy and procedure to assess the competency of the employees performing moderately complexity in the laboratory. Findings: 1. Review of the Standard Operational Policies and Procedures, the laboratory did not have a policy and procedure to address the Training and Competency requirements for testing personnel. 2. Interview with Testing Personnel #1 (Centers for Medicare and Medicaid Services(CMS) Testing Personnel form (CMS209)), on March 22, 2023 at approximately 1:30 pm in the laboratory confirmed the above aforementioned statements.</p>
<b>D6000</b>	<b>MODERATE COMPLEXITY LABORATORY DIRECTOR</b>

CFR(s): 493.1403

The laboratory must have a director who meets the qualification requirements of 493.1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart.

This CONDITION is not met as evidenced by:

The Laboratory Director failed to provide overall management and direction in the Laboratory. Reference:D-6030

**D6030**

**LABORATORY DIRECTOR RESPONSIBILITIES**

CFR(s): 493.1407(e)(12)

The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform 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)(12) Ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills;

This STANDARD is not met as evidenced by:

Based on review of the Standard Operating Policy and Procedures, and confirmed by staff interview, the laboratory did not have a policy and procedure established for monitoring individuals who conduct preanalytic, analytical, or postanalytic phases of testing to assure that staff are competent, and when necessary, identify needs for remedial training or continuing education to improve skills. Findings: 1. Due to the lack of a Standard Operating Policy and Procedure for laboratory testing personnel, it was confirmed that there was not a 6 month or 12 month competency document for 1 out of 1 testing personnel. The initial training document, before testing initiation, was available at the time of survey. 2. Interview with the 1 out of 1 testing personnel on 3/22/2023 at approximately 1:30 pm in the laboratory, confirmed the aforementioned statements.