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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 11D0686173 | (X3) Date Survey Completed 02/26/2025 |
| Name of Provider or Supplier Kavuri And Collier Internal Medicine | Street Address, City, State 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. | | |

| (X4) ID Prefix Tag | Summary Statement of Deficiencies |
|---------------------------|---|
| D0000 | A recertification survey was performed on , February 26, 2025. The facility was found to be NOT in compliance with all applicable CLIA requirements for specialties /subspecialties for 42 CFR. |
| D5221 | <p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d)</p> <p>All proficiency testing evaluation and verification activities must be documented.</p> <p>This STANDARD is not met as evidenced by: Based on review of the Medical Laboratory Evaluation (MLE) Proficiency Testing (PT) documents and staff interview, the laboratory failed to perform Corrective Action in 2024 for event M1 for Specialty Chemistry, Sub-specialty Aspartate Aminotransferase (AST)/Serum Glutamic Oxaloacetic Transaminase(SGOT), also Event M2 Sub-specialty Albumin (ALB) and Blood Urea Nitrogen (BUN). Corrective action should be documented for any PT scores that fall below 100%. Findings: 1. Review of the MLE PT documents for 2024 event M1, the laboratory scored 80% for AST/SGOT. There was no documented Corrective Action available for review. 2. Review of the MLE PT documents for 2024 event M2, the laboratory scored 40% for ALB, and 80% for BUN. There was no documented Corrective Action available for review. 3. Interview with the Laboratory Supervisor on 2/26/2025 at approximately 1 pm in a doctor's office, confirmed the above statements.</p> |
| D6019 | <p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iv)</p> <p>(e)(4)(iv) An approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory;</p> |

This STANDARD is not met as evidenced by:

Based on review of the Medical Laboratory Evaluation (MLE) Proficiency Testing (PT) documents and staff interview, the Laboratory Director (LD) failed to verify that the laboratory had performed Corrective Action in 2024 for event M1 for Specialty Chemistry, Sub-specialty Aspartate Aminotransferase (AST)/Serum Glutamic Oxaloacetic Transaminase(SGOT), also Event M2 Sub-specialty Albumin (ALB) and Blood Urea Nitrogen (BUN). Corrective action should be documented for any PT scores that fall below 100%. Findings: 1. Review of the MLE PT documents for 2024 event M1, the laboratory scored 80% for AST/SGOT. The Laboratory Director failed to ensure documentation of Corrective Action. 2. Review of the MLE PT documents for 2024 event M2, the laboratory scored 40% for ALB, and 80% for BUN. The Laboratory Director failed to ensure documentation of Corrective Action. 3. Interview with the Laboratory Supervisor on 2/26/2025 at approximately 1 pm in a doctor's office, confirmed the above statements.