

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D0697538	<b>(X3) Date Survey Completed</b>  07/11/2018
<b>Name of Provider or Supplier</b>  John A Goldman Md Pc	<b>Street Address, City, State</b>  5555 Peachtree Dunwoody Rd Ste 293, Atlanta, 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 July 11, 2018. 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>D5217</b>	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of laboratory records and an interview with the Clinic's Laboratory director, the laboratory failed to enroll in Peer review program to verify accuracy of its Provider Performed Microscopy(PPM) testing on joint fluids. Findings include: 1.) A review of laboratory documents revealed that there was no evidence of peer review at least twice annually for the years of 2016 to 2018 for synovial (joint) fluids. 2.) An interview with the Clinic's laboratory director at approximately 12:20 pm, on July 11, 2018 in the break room confirmed the absence of a Peer review program.</p>
<b>D5221</b>	<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 document review and an interview with the laboratory director, the lab failed to document corrective action for unsuccessful American Proficiency Institute</p>

(API) proficiency test (PT) results as required by Clinical Laboratory Improvement Amendments. Findings include: 1. Review of API PT documents revealed the laboratory failed to document corrective action for the following Hematology /Coagulation PT results: 2017 - 1st Event (Score of 50 percent); 2017 - 2nd event (Score of 50 percent) for urine sediments. 2. An interview with the laboratory director on 7/11/2018 in the break room at approximately 12:25 p.m. confirmed there was no corrective action performed for PT results less than 100 percent for urine sediments.