

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D0699024	<b>(X3) Date Survey Completed</b>  10/25/2018
<b>Name of Provider or Supplier</b>  Medical Center, Llp, The	<b>Street Address, City, State</b>  908 Hillcrest Pkwy, 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 Clinical Laboratory Improvement Amendments (CLIA) recertification survey was completed on October 25, 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>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 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;</p> <p>This STANDARD is not met as evidenced by: Based on review of the American Proficiency Institute (API) documents for Hematology, Coagulation, and Chemistry for 2017 and 2018, and staff interview, the Laboratory Director (LD) failed to document review for all testing reports received. Findings: 1. Review of the API result reports for Hematology, Coagulation, and Chemistry for all three events for 2017, and events 1 and 2 for 2018 the laboratory failed to provide documentation that the Proficiency Testing Performance Evaluation report had been reviewed by the Laboratory Director. 2. Interview with staff #1, (CMS for 209) on 10/25/2018, at approximately 12:30 pm in an office, confirmed that the Laboratory Director did not document review of the 2017, and 2018 Performance Evaluation reports.</p>