Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	11D0701549	08/13/2018
Name of Provider or Supplier	**Street Address, City, State**	
Walton Family Medicine Pc	521 Great Oaks Drive, Monroe, 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 Clinical Laboratory Improvement Amendments (CLIA) recertification survey was completed on August 13, 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:
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods. This STANDARD is not met as evidenced by: Based on review of the American Academy of Family Physicians (AAFP) Proficiency Testing documentation and staff interview, the laboratory failed to attest to the routine integration of the samples into the patient workload. Findings: 1. Review of the AAFP Proficiency Testing documentation showed that the testing personnel was writing the Laboratory Director's (LD) name on the attestation statement, when they were writing their name as testing personnel. For the third event for 2016, and all events for 2017, and the first and second event for 2018. 2. Interview with staff #2 , #3 , and #7 (CMS 209 form), on August 13, 2018 at approximately 3:45pm, confirmed that the LD was not signing the Attestation statements. The testing personnel performing the testing was writing the LD's name on the statement.
D5805	TEST REPORT CFR(s): 493.1291(c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where

	the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability. This STANDARD is not met as evidenced by: Based on review of patient reports and staff interview, the laboratory failed to include all required components on the facility's result reports. Findings: 1. Review of a sample of a patient report, the Complete Blood Cell Count (CBC) report did not have the units of measure and reference ranges on the in house performed testing. 2. Interiew with staff #2, #3, and #7 (CMS 209 form) on August 13, 2018 at approximately 4:21pm in the exam room, confirmed the patient reports did not have reference ranges or unit of measure for results of samples tested in the facility for the CBC results.