

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D0701549	<b>(X3) Date Survey Completed</b>  11/16/2020
<b>Name of Provider or Supplier</b>  Walton Family Medicine Pc	<b>Street Address, City, State</b>  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.		

<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 November 16, 2020. 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>D5221</b>	<p><b>EVALUATION OF PROFICIENCY TESTING PERFORMANCE</b> 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 proficiency test (PT) with American Academy of Family Physicians(AAFP) records and staff interview the lab failed to document corrective action taken for an unsatisfactory score on proficiency testing. Findings include: 1. Review of AAFP PT records revealed the lab failed to document corrective actions taken for 2019 event #1 with a score of 96% (percent). 2. Review of proficiency test (PT) records revealed the lab failed to document corrective actions taken for 2020 event #1 with a score of 86% (percent). 3. An interview with testing personnel #5 (CMS 209) on 11/16/2020 at approximately 1:30 PM in a back office confirmed the aforementioned hematology events for 2019 and 2020 did not have documented corrective actions.</p>