Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 11D0702977	**(X3) Date Survey Completed** 08/25/2021
Name of Provider or Supplier Rockdale Family Practice	**Street Address, City, State** 2020 Honey Creek Parkway, Conyers, 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	On October 6, 2021 an off site follow-up review was completed. The report revealed that corrective action was found to be acceptable and corrected. The facility is now in compliance with with all regulations surveyed.
D5221	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d) All proficiency testing evaluation and verification activities must be documented. This STANDARD is not met as evidenced by: Based on Proficiency Testing(PT) record review and staff interview, the laboratory failed to document corrective action with the Hematology PT results. Findings include: 1. Review of the American Academy of Family Physicians (AAFP) PT records revealed a score of 27% for the overall cumulative regulated analytes, to include the following: White Blood Cell Count(20%), Lymphocyte (20%), Monocyte (20%), Granulocyte(40%), Red Blood Cell Count(20%), Hemoglobin(20%), Hematocrit(20%), and Platelet (60%) for Event C in 2020, the laboratory failed to document a corrective action. 2. During an interview with the Practice Manager on September at 2:10 PM, in the breakroom, confirmed the corrective actions were not documented for the PT results.
D5429	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1) For unmodified manufacturer's equipment, instruments, or test systems, the laboratory must perform and document maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer. This STANDARD is not met as evidenced by:

	Based on observation and interview with the staff of Quest, the lab failed to calibrate the Quest Horizon Model 62E centrifuge per the procedure manual. Findings include: 1. Observation during the lab tour revealed the Quest Horizon Model 62E centrifuge was last calibrated in September of 2018. The operator's manual states that preventative maintenance should be performed every 24 months. 2. During the interview with the Office Manager on August 25, 2021 at 10:35 AM, in the lab, confirmed the centrifuge had not been calibrated since September of 2018.
D6018	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iii) 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; This STANDARD is not met as evidenced by: Based on Proficiency Testing (PT) records and staff interview, the Laboratory Director (LD) failed to document corrective action with the Hematology results. Findings include: 1. Review of PT(American Academy of Family Physicians) records revealed that the LD failed to document corrective action with the Hematology PT regulated analyte results with Event #3 in 2020. 2. During an interview with the Practice Manager on August 25, 2021 at approximately 2:20 PM, in the break room, confirmed the corrective actions were not documented.