

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D0702977	<b>(X3) Date Survey Completed</b>  06/21/2023
<b>Name of Provider or Supplier</b>  Rockdale Family Practice	<b>Street Address, City, State</b>  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.		

<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 June 21, 2023. 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>D3011</b>	<p><b>FACILITIES</b> CFR(s): 493.1101(d)</p> <p>Safety procedures must be established, accessible, and observed to ensure protection from physical, chemical, biochemical, and electrical hazards, and biohazardous materials.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory policy and procedure manual (SOP) and staff interview, the laboratory failed to ensure a policy for the eyewash station. Findings include: 1. SOP review revealed the laboratory failed to establish an eyewash procedure for safety of the testing personnel. 2. The laboratory performed eyewash maintenance on a weekly basis and there was a documented log. 2. During an interview with the Practice Manager and Testing Personnel #3(CMS-209) on June 21, 2023 in the breakroom, confirmed there was not an eyewash procedure present, during the time of the survey.</p>
<b>D5209</b>	<p><b>PERSONNEL COMPETENCY ASSESSMENT POLICIES</b> CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p>

This STANDARD is not met as evidenced by:  
Based on laboratory policy and procedure manual (SOP) review and staff interview, the laboratory failed to establish and follow the required 6-step criteria competency for 7 out of 7 Testing Personnel (TP). Findings include: 1. Competency document review revealed the laboratory was performing competency, but failed to follow the required 6-step criteria policy and procedure for all Testing Personnel (TP) listed on the CMS-209 form. 2. During an interview with the Practice Manager and Testing Personnel #3 (CMS-209) on June 21, 2023 at 11:30 AM, in the breakroom, confirmed that competency was performed for all Testing Personnel (TP), but the laboratory failed to follow the required 6-step criteria for competency.

**D6046**

**TECHNICAL CONSULTANT RESPONSIBILITIES**  
CFR(s): 493.1413(b)(8)

(b) The technical consultant is responsible for-- (b)(8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently.

This STANDARD is not met as evidenced by:  
Based on review of the laboratory's testing personnel competency assessment checklist and staff interview, the Technical Consultant failed to ensure the competency assessment policy and procedure for testing performed, in the speciality of hematology and chemistry, met the 6 required criteria, and failed to perform the assessment on 7 out of 7 testing personnel.. The Findings include: 1. Competency document review revealed the Technical Consultant (TC) failed to perform the 6 required criteria for hematology and chemistry for 7 out of 7 Testing Personnel. 2. During an interview with Testing Personnel #1 (CMS-209) on June 21, 2023 at 11:30 AM, in the breakroom, confirmed the Technical Consultant failed to perform the 6 required criteria for competency.