

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0703348	(X3) Date Survey Completed 05/28/2019
Name of Provider or Supplier Southern Crescent Pediatrics Pc	Street Address, City, State 150 Medical Blvd Suite B, Stockbridge, 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) survey was completed on May 28,2019. 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:
D5807	<p>TEST REPORT CFR(s): 493.1291(d)</p> <p>Pertinent "reference intervals" or "normal" values, as determined by the laboratory performing the tests, must be available to the authorized person who ordered the tests and, if applicable, the individual responsible for using the test results.</p> <p>This STANDARD is not met as evidenced by: Based on lab report review and staff interview, the laboratory failed to include all the required information on the in-house laboratory test reports. Findings include: 1. Review of in-house test reports (#112917 and #092106) revealed the lack of reference range for each component. 2. Interview with the clinical supervisor 5/28/19 in the employee breakroom at approximately 11:33 AM confirmed the lack of aforementioned required information on the test reports.</p>