

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0703582	(X3) Date Survey Completed 02/28/2023
Name of Provider or Supplier District 4 Public Health	Street Address, City, State 301 Main Street, Lagrange, 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 February 28, 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:
D6004	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(a)(b)</p> <p>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. (a) The laboratory director, if qualified, may perform the duties of the technical consultant, clinical consultant, and testing personnel, or delegate these responsibilities to personnel meeting the qualifications of 493.1409, 493.1415, and 493.1421, respectively. (b) If the laboratory director reapporitions performance of his or her responsibilities, he or she remains responsible for ensuring that all duties are properly performed.</p> <p>This STANDARD is not met as evidenced by: Based on review of the Fayette County temperature/humidity logs of May, October, and November 2022 and Eyewash station monthly maintenance log for the year of 2022, review of the letter of delegation, and interview with the Women's Health/STD Coordinator, the lab director (LD) failed to ensure the delegated Technical Consultant (TC) performed all assigned duties properly. Findings: 1. Review of the Eyewash station monthly maintenance log of January 2022 through December 2022 revealed the form was not reviewed or dated by the delegated TC. 2. Review of the temperature/humidity logs for the months of May 2022, October 2022, and November 2022 revealed the form was not reviewed or dated by the delegated TC. 3. Interview with the Women's Health/STD Coordinator on 2/28/23 in the back office at 1:30, confirmed the findings.</p>