Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0706096	(X3) Date Survey Completed 12/05/2018
Name of Provider or Supplier Laurens County Health Department	**Street Address, City, State** 654 County Farm Road, Dublin, 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 December 5, 2018. The laboratory was not in compliance with applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. The following deficiency was cited:
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 the review of the American Association of Bioanalysts (AAB) Profeciency Testing(PT) documents and staff interview, the laboratory failed to document Corrective Action for two unsucessful results. Findings: 1. Based on the review of the AAB PT documents the laboratory failed to document corrective action for Quarter 1 2018, for a score of 0(zero) for the Vaginal Wet Mount result, and Quarter 3 2017 for a score of 40 for the Gram Stain result. 2. Interview with staff # 1 and #3 (CMS 209 form), on 12/5/2018 at approximately 12:30 pm in the conference room, confirmed that no correction action was documented for the above mentioned unsuccessful PT scores.