

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0858571	(X3) Date Survey Completed 01/12/2021
Name of Provider or Supplier Oncology Hematology Care Center Incorporate	Street Address, City, State 501 Riverside Drive, Waycross, 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 January 12, 2021. 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:
D3011	<p>FACILITIES 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 observation during the tour and an interview with the laboratory director, the laboratory failed to implement and established safety procedure to ensure protection from physical, biochemical, and biohazardous materials. Findings include: 1. During the laboratory tour it was observed there was not a maintenance log or eyewash equipment in the phlebotomy or testing area. 2. An interview with the laboratory director during the tour on 01/12/2021 at approximately 09:30 a.m., confirmed the absence of eyewash equipment and maintenance log.</p>
D5293	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(b)(c)</p> <p>(b) The general laboratory systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of general laboratory systems quality assessment reviews with appropriate staff. (c) The laboratory must document all general laboratory systems quality assessment activities.</p>

This STANDARD is not met as evidenced by:
Based on Quality Assurance (QA) document review and an interview with the lab director, the laboratory failed to document all general laboratory systems QA activities as required. Findings include: 1. QA documents review revealed there were no monthly or quarterly QA documentation available at the time of survey for 2019 and 2020. 2. Room temperature logs, Humidity logs and refrigerator logs were not reviewed and signed by the laboratory director on a monthly or quarterly basis in 2019 and 2020. 3. An interview with the laboratory director in the review room on 01/12 /2021 at approximately 11:00 a.m. confirmed there were no QA documentation available for the aforementioned period.