

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D0860463	<b>(X3) Date Survey Completed</b>  04/18/2024
<b>Name of Provider or Supplier</b>  Glynn Immediate Care Pc	<b>Street Address, City, State</b>  3400 Parkwood Dr, Brunswick, 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>	<p>A recertification survey was performed on April 18, 2024. The facility was found to be NOT in compliance with the CLIA conditions and standards for specialties /subspecialties for 42 CFR. CONDITION LEVEL CITATIONS: D2016 - Successful Participation - 493.803 (a)(b)(c) D6000 - Moderate Laboratory Director - 493.1403 NOTE: The CMS-2567 (Statement of Deficiencies) is an official , legal document,. All information must remain unchanged except for entering the Plan Of Correction (POC), correction dates, and the signature space. Any discrepancy n the original deficiency citation(s) will be reported the the Georgia Regional Office (RO) for referral the Office of the Inspector General (OIG) for possible fraud if the information is inadvertently changed by the provide/supplier, the State Survey Agency (SA) should be notified immediately.</p>
<b>D2016</b>	<p>SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c)</p> <p>(a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history.</p>

This CONDITION is not met as evidenced by:  
Based on review of the American Association of Bioanalysts/Medical Laboratory Evaluation (AAB/MLE) Proficiency Testing Provider (PT), and staff interview, the laboratory failed to score successfully for the year 2022 ( Event 1 and 2) and 2023 ( Event 2 and 3) in the Speciality of Microscopy- Urine Sediment. Findings: 1. A review of the AAB/MLE PT results for 2022 (Event 1 and 2) confirmed that the laboratory scored 50% for both events. In 2023 (Event 2 and 3) the laboratory scored 50% for both events in Microscopy- Urine Sediment. 2. Interview with Testing Personne l (TP) #1 (CMS form 209) on April 18, 2024 at approximately 11 am, in TP #1's office, confirmed the aforementioned statements.

**D6000**

**MODERATE COMPLEXITY LABORATORY DIRECTOR**  
CFR(s): 493.1403

The laboratory must have a director who meets the qualification requirements of 493.1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart.

This CONDITION is not met as evidenced by:  
Based on review of the American Association of Bioanalysts/Medical Laboratory Evaluation (AAB/MLE) Proficiency Testing Provider (PT), and staff interview, the laboratory failed to score successfully for the year 2022 (Event 1 and 2), and 2023 (Event 2 and 3 ) in the Speciality of Microscopy- Urine Sediment. The Laboratory Director failed to provide overall management and direction of the laboratory PT performance. Findings: 1. A review of the AAB/MLE PT results for 2022, (Event 1 and 2) the laboratory scored 50% for both events. The 2023 (Event 2 and Event 3), the laboratory scored 50% for both events for Microscopy-Urine Sediment. 2. Interview with Testing Personnel (TP) #1 (CMS form 209) on April 18, 2024 at approximately 11 am, in TP #1's office, confirmed the lack of management and direction of PT performance.