Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	11D0866868	02/27/2025
Name of Provider or Supplier	**Street Address, City, State**	
Forsyth County Health Department	428 Canton Highway, Cumming, 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 25, 2025. 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:
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) (b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods. This STANDARD is not met as evidenced by: A review of the 2023 - 2024 AAB Proficiency Testing Documents, confirmed that the Laboratory Director (LD) failed to sign and date the attestation documents. THE FINDINGS INCLUDE: 1. A review of the 2023 - 2024 AAB Proficiency Testing documents confirmed that the LD failed to sign the Attestation statements for : 2023 CHEM M2 EVENT; 2023 CHEM M3 EVENT; 2024 CHEM M1 EVENT; 2024 CHEM M2 EVENT; 2024 CHEM M3 EVENT. 2. An exit interview conducted with TP1 on February 27, 2025 in the conference room at 12:30pm confirmed that the LD did not sign the Attestation documents.