Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0891572	(X3) Date Survey Completed 01/17/2018
Name of Provider or Supplier Sgpa - Hematology And Oncology 6450 (B)	**Street Address, City, State** 2500 Starling Street, Suite 303, Brunswick, 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 17, 2018. The laboratory was not in compliance with all applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. The following deficiency was cited:
D5429	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1) For unmodified manufacturer's equipment, instruments, or test systems, the laboratory must perform and document maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer. This STANDARD is not met as evidenced by: Based on observation by the surveyor during a tour of the laboratory and staff interview, the laboratory failed to perform function checks on the Quest Horizon centrifuge used to prepare specimens for testing. Findings include: 1. Observation by the surveyor during a tour of the laboratory revealed the rotations per minute (RPM) check was last performed on 8/24/16. 2. Interview with testing personnel # 1 on January 17, 2018 at 12 pm in the break room confirmed the last time centrifuge maintenance and RPM check were performed is 8/24/16 and it is not performed yearly as required.