

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D0894890	<b>(X3) Date Survey Completed</b>  11/14/2024
<b>Name of Provider or Supplier</b>  Longstreet Clinic Family Medicine Oakwood	<b>Street Address, City, State</b>  4222 Fairbanks Drive, Oakwood, 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>	A Clinical Laboratory Improvement Amendments (CLIA) recertification survey was completed on November 14, 2024. 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:
<b>D5209</b>	<p><b>PERSONNEL COMPETENCY ASSESSMENT POLICIES</b> CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on personnel records review and interview with the laboratory manager, the laboratory director failed to ensure that annual competencies were performed on the technical consultant(TC) by the laboratory director in 2023 and 2024. Findings: 1. A review of personnel testing and competency assessment records revealed that TP 3 (CMS-209 form), who is the technical consultant(TC), had no annual competencies completed by the laboratory director in 2023 and 2024. 2. An interview with the laboratory manager, in the review room, at approximately 12:10 PM, on 11/14/2024, confirmed there were no annual competencies completed in 2023 and 2024 for TP # 3 (CMS 209 form ) on day of survey 11/14/2024.</p>
<b>D6022</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(5)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory</p>

director must-- (e)(5) Ensure that the quality control and quality assessment programs are established and maintained to identify failures in quality as they occur.

This STANDARD is not met as evidenced by:

Based on documents review and interview with the lab manager, the laboratory director(LD) failed to ensure that ALL Quality Assurance (QA) guidelines were followed to identify and fix problems in the laboratory in 2023 and 2024 as required by Clinical Laboratory Improvement Amendments (CLIA). Findings: 1. Monthly QA document review revealed the Laboratory Director overlooked his responsibility to ensure the technical consultant (TC) was competent in executing her responsibilities as a (TC) in 2023 and 2024. 2. An interview, with the laboratory manager, in the break room, on 11/14/2024 , at approximately 1:45 PM, confirmed the Laboratory Director failed to ensure proper oversight of the personnel competency evaluations in 2023 and 2024.