

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0913200	(X3) Date Survey Completed 08/24/2022
Name of Provider or Supplier North Jefferson Medical Center	Street Address, City, State 406 East Broad St, Wrens, 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 August 24, 2022. 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 the review of the Standard Operating Procedure(SOP) and staff interview, the laboratory failed to establish a safety procedure for an Eyewash. The Findings include: 1. SOP document review revealed that the laboratory failed to establish a safety procedure for an Eyewash for the laboratory. 2. During an interview with Testing Personnel#1(CMS-209) on August 24, 2022 at approximately 3:30 PM in a back doctor's office, confirmed that the laboratory failed to establish a safety procedure for an Eyewash.</p>
D5311	<p>SPECIMEN SUBMISSION, HANDLING, AND REFERRAL CFR(s): 493.1242(a)</p> <p>The laboratory must establish and follow written policies and procedures for each of the following, if applicable: (1) Patient preparation. (2) Specimen collection. (3) Specimen labeling, including patient name or unique patient identifier and, when appropriate, specimen source. (4) Specimen storage and preservation. (5) Conditions for specimen transportation. (6) Specimen processing. (7) Specimen acceptability and rejection. (8) Specimen referral.</p>

This STANDARD is not met as evidenced by:

Based on review of the general laboratory standard operating procedure manual (SOP) and staff interview, the laboratory failed to establish written instructions for sending specimens to an outside reference laboratory for testing. The findings include: 1. The SOP did not include a written policy and procedure (to include collection, preservation, storage, transport, testing schedule times, or how to obtain additional assistance) for staff to follow when sending specimens to reference laboratory (LabCorp). 2. During an interview on August 24, 2022 at: 2:30 PM with Testing Personnel#1(CMS-209) in a back doctor's office, confirmed that the laboratory did not have a written policy and procedure for staff to follow when sending specimens to reference laboratories.