

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0930730	(X3) Date Survey Completed 07/09/2025
Name of Provider or Supplier Tanner Oncology Services	Street Address, City, State 157 Clinic Avenue, Suite 202, Carrollton, 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 July 9, 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:
D5221	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d)</p> <p>All proficiency testing evaluation and verification activities must be documented.</p> <p>This STANDARD is not met as evidenced by: Based on review of the American Proficiency Institute (API) proficiency testing (PT) provider reports and staff interview, the laboratory failed to document corrective actions for unacceptable or unsuccessful PT results. Findings: 1. Review of the 2023 event 3 API evaluation sheets revealed the laboratory had an unacceptable hemoglobin (HGB) result for sample # DXH-15 without corrective action documented. 2. Review of the 2024 event 3 API evaluation sheets revealed the laboratory had unsuccessful Lymphocyte % (lymph %) results for samples # DXH-12 & DXH-15 without corrective action documented for the failed lymph. (Corrective action was documented for Red Blood Cell (RBC) not Lymph %.) 3. Review of the 2024 event 3 API evaluation sheets revealed the laboratory had an unacceptable basophil % (BASO%) result for sample # DXH-13 without corrective action documented. 4. Interview with the TC #1 (CMS 209) and TP# 2 (CMS 209) in the review room on 7/9/25 at 12:20 pm, confirmed the above findings.</p>
D6032	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(14)</p> <p>(e)(14) Specify, in writing, the responsibilities and duties of each consultant and each person, engaged in the performance of the preanalytic, analytic, and postanalytic</p>

phases of testing, that identifies which examinations and procedures each individual is authorized to perform, whether supervision is required for specimen processing, test performance or results reporting, and whether consultant or director review is required prior to reporting patient test results.

This STANDARD is not met as evidenced by:
Based on review of the laboratory policy and procedure manual (SOP) and staff interview, the laboratory director (LD) failed to specify, in writing the duties and responsibilities of the Clinical Consultant (CC). Findings include: 1. SOP review revealed the LD failed to specify in writing the duties and responsibilities of the CC. 2. An interview with the technical consultant (CMS 209 TC#1) in the review room on 07/09/25 at 12:10 p.m. confirmed the SOP did not contain a duties and responsibilities policy and procedure for the CC.

D6053

TECHNICAL CONSULTANT RESPONSIBILITIES
CFR(s): 493.1413(b)(9)

(b)(9) Evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens.

This STANDARD is not met as evidenced by:
Based on review of testing personnel (TP) documents and an interview with a technical consultant (TC), the technical consultant failed to perform the semi- annual competency on all testing personnel. Findings: 1. Review of the TP competency documents revealed the TC failed failed to perform the semi-annual competency evaluation on TP#5 (CMS 209) in 2024/2025(thus far). 2. An interview with the technical consultant (CMS 209 TC#1) in the review room on 07/09/25 at 12:10 p.m. confirmed the above finding.

D6054

TECHNICAL CONSULTANT RESPONSIBILITIES
CFR(s): 493.1413(b)(9)

(b)(9) Thereafter, evaluations must be performed at least annually

This STANDARD is not met as evidenced by:
Based on review of testing personnel(TP) documents and staff interview , the technical consultant failed to perform annual competency on all testing personnel. Findings: 1. Review of the TP competency documents revealed the TC failed failed to perform the annual competency evaluation on TP #4 & TP#5 (CMS 209) in 2024 /2025. 2. An interview with the technical consultant (CMS 209 TC#1) in the review room on 07/09/25 at 12:10 p.m. confirmed the above finding.