

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0938125	(X3) Date Survey Completed 11/04/2020
Name of Provider or Supplier Augusta Urology Associates Llc	Street Address, City, State 4350 Towne Centre Drive, Ste 2200, Evans, 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	On December 22,2020, an off site followup review was completed. The report revealed that corrective action was found to be acceptable and corrected. The facility is now in compliance with with all regulations surveyed.
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES 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: A review of laboratory personnel records and interviews with the office manager and (TP # 3, CMS 209) revealed, the laboratory director failed to provide annual Competency Assessment for ALL its testing personnel in 2019 and 2020. Findings include: 1. A review of testing personnel records revealed there were no competency evaluations for testing personnel (TP#s 2 and #3 CMS 209) in 2019 and 2020. 2. An interview with the office manager and (TP # 3, CMS 209) on November 04, 2020 at 11:40 AM in the review room confirmed there were no annual competencies performed on testing personnel #s 2 and 3 (CMS 209) in 2019 and 2020.</p>
D5293	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(b)(c)</p> <p>(b) The general laboratory systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of general laboratory systems quality assessment reviews with appropriate staff. (c) The laboratory must document all general laboratory systems quality assessment activities.</p>

This STANDARD is not met as evidenced by:
Based on Quality Assurance (QA) document review and interview with the office manager and Testing Personnel (TP#3 CMS 209), the laboratory failed to document all general laboratory systems QA activities as required. Findings include: 1. QA documents review revealed the laboratory director who is also the Technical Consultant (TC) did not review and sign the QC logs of the Access 2 Chemistry Analyzer, eye wash log, temperature logs and maintenance logs in 2019 and 2020 as required. 2. An interview with the office manager and (TP#3 CMS 209) in the break room on 11/04/2020 at approximately 11:20 a.m. confirmed there were no QA reviews for the aforementioned periods in 2019 and 2020.