

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D0947644	<b>(X3) Date Survey Completed</b>  04/05/2018
<b>Name of Provider or Supplier</b>  North Point Pediatrics	<b>Street Address, City, State</b>  3180 North Point Parkway, Suite 410, Alpharetta, 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 April 5, 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 deficiencies were cited:
<b>D6019</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(4)(iv)</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 director must-- (e)(4)(iv) Ensure that an approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory.</p> <p>This STANDARD is not met as evidenced by: Based on proficiency testing (PT) document review and staff interview, the laboratory director (LD) failed to ensure corrective action was performed for unacceptable or unsatisfactory PT results. Findings include: 1. American Academy of Family Physicians (AAFP) PT document review revealed corrective action was not performed for Bacteriology PT for the following events scoring 80 percent: 2016 PT Event 3 and 2017 Event 3. 2. An interview with Staff #2(CMS 209) on 4/5/18 at approximately 12: 30 PM in the breakroom confirmed corrective action was not performed for the aforementioned PT events.</p>
<b>D6054</b>	<p><b>TECHNICAL CONSULTANT RESPONSIBILITIES</b> CFR(s): 493.1413(b)(9)</p> <p>The technical consultant is responsible for evaluating and documenting the</p>

performance of individuals responsible for moderate complexity testing at least annually, after the first year.

This STANDARD is not met as evidenced by:

Based on testing personnel (TP) document review and staff interview, the technical consultant/laboratory director (TC/LD) failed to evaluate and document TP performance for moderate complexity testing at least annually after the first year.

Findings include: 1. TP document review revealed the TC/LD failed to perform an annual competency for Staff #4 (CMS 209) in 2017. 2. An interview with Staff #2 (CMS 209) in the breakroom on 4/5/18 at approximately 12:30 PM confirmed an annual competency was not performed for Staff #4 (CMS 209) in 2017.