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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 11D0956667 | (X3) Date Survey Completed 11/05/2020 |
| Name of Provider or Supplier St Simons Immediate Care Center | Street Address, City, State 5000 Wellness Way, Saint Simons Island, 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 |
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| D0000 | A Clinical Laboratory Improvement Amendments (CLIA) recertification survey was completed on November 5, 2020. 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: |
| D5449 | <p>CONTROL PROCEDURES CFR(s): 493.1256(d)(3)(ii)(g)</p> <p>Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must-- At least once a day patient specimens are assayed or examined perform the following for-- Each qualitative procedure, include a negative and positive control material; (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on quality control (QC) document review and staff interview, the laboratory failed to perform a negative and positive control for qualitative laboratory testing at least once a day that patients are tested as required. Findings include: 1. QC document review revealed the lack of Parasitology (Wet Prep) QC for the following dates: 2018 -- November and December; 2019, and 2020 thus far. 2 An interview with the lead technologist on 11/5/2020 at approximately 11:00 a.m. at the back nurse's station confirmed the lack of Parasitology (Wet Prep) QC for the aforementioned dates.</p> |