

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0978199	(X3) Date Survey Completed 11/30/2022
Name of Provider or Supplier Middle Georgia Pediatrics Llc	Street Address, City, State 1508 B Hardeman Avenue, Attn Michelle Kelly, Macon, 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	<p>A recertification survey was performed on November 30, 2022. An entrance conference was held with the laboratory representatives. The survey process was discussed, along with review of the survey forms that was sent to the facility, previous to the survey. An opportunity for questions and comments was given. Noted deficiencies and plans of correction were discussed with the laboratory representatives at the exit conference. The laboratory representatives were given an opportunity to provide evidence of compliance with the noted deficiencies, and no such evidence was provided prior to survey exit. The facility was found to be NOT in compliance with the CLIA conditions for specialties/subspecialties for 42 CFR. 493.1230 General Laboratory Systems 493.1403 Condition: Laboratory Director, (Moderate Complexity) This is a REPEAT Citation NOTE: The CMS-2567 (Statement of Deficiencies) is an official , legal document,. All information must remain unchanged except for entering the Plan Of Correction (POC), correction dates, and the signature space. Any discrepancy n the original deficiency citation(s) will be reported the the Georgia Regional Office (RO) for referral the Office of the Inspector General (OIG) for possible fraud if the information is inadvertently changed by the provide/supplier, the State Survey Agency (SA) should be notified immediately.</p>
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: Based on the lack of a written policy and procedure to assess employee training and competency, and staff interview, the laboratory failed to perform initial training, 6 month assessment, and yearly competencies on all testing personnel (TP), performing</p>

Moderate Complexity Testing as listed on the CMS(Centers for Medicare & Medicaid Services)-209 Personnel Testing document (209) Findings: 1. There was no written policy and procedure documenting the requirements for initial training, 6 month training, or annual competency for TP. 2. TP-1 was able to provide a copy of initial training documents for 10 of 18 total TP listed on the CMS-209, and four out of 18 had no documented training or competencies for 2022 and 2021. 3. TP-3, TP-6, TP-8, TP-9, TP-10, TP-13, TP-14, TP-15, TP-17, and TP-18, did not have six month competency for 2022. TP-1, TP-7, TP-11, and TP-12 had no documented training or competency documents for 2021, and 2022. TP- 2, TP-4, TP-5, and TP-16 had their initial training document however were up to date on their training/competency. 4. Interview with TP-1, on November 30, 2022 in the office breakroom, at approximately 1pm, confirmed the above aforementioned statements.

D6000

MODERATE COMPLEXITY LABORATORY DIRECTOR
CFR(s): 493.1403

The laboratory must have a director who meets the qualification requirements of 493.1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart.

This CONDITION is not met as evidenced by:
Based on the lack of competency records, and staff interview, the Laboratory Director (LD) failed to provide overall management and direction of the laboratory. Findings: 1. The LD failed to ensure that 4 out of 18 testing personnel (TP-1, TP-7, TP-11, and TP-12) had training and competency documents for 2021, and 2022. 2. The LD failed to ensure that 10 out of 18 testing personnel (TP-3, TP-6, TP-8, TP-9, TP-10, TP-13, TP-14, TP-15, TP-17, and TP-18) had six month competency documents TP- 2, TP-4, TP-5, and TP-16 had their initial training document however were up to date on their training/competency. 3. Interview with TP-1, on November 30, 2022, at approximately 1pm, in the office breakroom, confirmed the aforementioned statements.