

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D0999981	<b>(X3) Date Survey Completed</b>  06/11/2024
<b>Name of Provider or Supplier</b>  Piedmont Cancer Institute, Pc	<b>Street Address, City, State</b>  1267 Highway 54 West, Suite 4200, Fayetteville, 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 recertification survey was performed on June 12, 2024. The facility was found to be NOT in compliance with all applicable CLIA requirements for specialties /subspecialties for 42 CFR.
<b>D5221</b>	<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 College of American Pathologists (CAP) proficiency testing (PT) documents and interview with testing personnel (TP), the laboratory failed to document corrective actions for missed analytes. Findings: 1. Review of the CAP PT 2023 event #3 evaluation documents revealed the laboratory missed hematocrit, hemoglobin, and red blood cell sample # FH10-02 with a score of 80% for each analyte. No corrective action was documented for the missed analytes. 2. Interview with TP #1 (CMS 209) on 6/12/24 at 11:35 am in the breakroom, confirmed the findings above.</p>
<b>D6053</b>	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens.</p> <p>This STANDARD is not met as evidenced by: Based on review of testing personnel (TP) documents and an interview with testing</p>

personnel, the technical consultant failed to perform semiannual competency on all testing personnel. Findings: 1. A review of testing personnel training and competency records revealed TP# 3 (CMS 209) had initial training dated 9/4/23, but no record of semi-annual competency performed (due March 2024). 2. Interview with TP #1 (CMS 209) on 6/12/24 at 12:15 pm in the breakroom confirmed the aforementioned finding.