

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D1010218	(X3) Date Survey Completed 01/30/2019
Name of Provider or Supplier Wellstar Sylvan Grove Hospital	Street Address, City, State 1050 McDonough Road, Jackson, 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	A Clinical Laboratory Improvement Amendments (CLIA) recertification survey was completed on January 30, 2019. The laboratory was not in compliance with applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. The following deficiency was cited:
D3009	<p>FACILITIES CFR(s): 493.1101(c)</p> <p>The laboratory must be in compliance with applicable Federal, State, and local laboratory requirements.</p> <p>This STANDARD is not met as evidenced by: Review of the Laboratory Director (LD) qualification documents, and staff interview, the LD did not meet the state requirements for the position of Laboratory Director. Findings: 1. Review of the LD qualification documents, the current LD did not have a current Georgia License, which is required to fill the LD position for a High Complexity Laboratory. 2. Interview with staff # 1 and #2 (CMS 209 form), on January 30, 2019 at approximately 1 pm, in the Hospital Conference Room, confirmed that the current LD did not have a current Georgia License. He had previously let his Georgia License expire.</p>