

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D1010647	(X3) Date Survey Completed 09/28/2021
Name of Provider or Supplier Kennesaw Pediatrics Pc	Street Address, City, State 3745 Cherokee Street, Suite 401, Kennesaw, 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 September 28, 2021. 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:
D6053	<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 staff interview , the technical consultant failed to perform semiannual competency on all testing personnel. Findings include: 1. Review of TP competency documents reveals the TC failed to perform semi-annual competency on staff #5 (CMS 209) in January 2021. 2. Interview with staff #2 (CMS 209) on 9/28/21 in the office area outside the lab at approximately 12:00 Noon, confirmed the lack of the aforementioned document.</p>
D6054	<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 annually, after the first year.</p> <p>This STANDARD is not met as evidenced by: Based on review of testing personnel (TP) documents and staff interview , the</p>

technical consultant (TC) failed to perform annual competency on all testing personnel. Findings include: 1. Review of TP competency documents reveals the TC failed to perform annual competencies on staff #2 (CMS 209) and staff #7 (CMS 209) in 2020. 2. Interview with staff #2 (CMS 209) on 9/28/21 in the office area outside the lab at approximately 12:00 Noon, confirmed the lack of the aforementioned documents.