Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D1032047	(X3) Date Survey Completed 01/16/2025
Name of Provider or Supplier Longstreet Clinic Pc, The	**Street Address, City, State** 4019 Executive Drive, Oakwood, 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 16, 2025. 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:
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part. This STANDARD is not met as evidenced by: Based on the review of American Proficiency Institute (API) proficiency testing (PT) documents and staff interview in the specialty of Hematology, the laboratory failed to verify the accuracy of a non-regulated analyte by successfully passing two(2) (PT) events in 2024. Findings: 1.) Review of 2024 (API) (PT) documents revealed in the specialty of Hematology, the laboratory received a score of 0% for Basophils (Hem - 5D) in 2024 event #2 and another 0% score of the same analytes in 2024 event #3 resulting in "Unsuccessful" notation by PT agency. 2.) An interview with the technical consultant (TC) (TP #3 CMS 209) on 01/16/2025 at approximately 1:05 PM confirmed the above findings.
D6005	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(c) The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (c) The laboratory director must be accessible to the laboratory to provide onsite, telephone or electronic

	consultation as needed. This STANDARD is not met as evidenced by: Based on (PT) documents review and interview with the laboratory manager, the Laboratory director failed to ensure that ALL Quality Assurance (QA) guidelines were followed to identify and fix problems in the laboratory in 2024 as required by Clinical Laboratory Improvement Amendments (CLIA). Findings: 1. American Proficiency Institute (API), Quality Control (QC) and Levey Jennings charts documents review revealed the lab director/ designee did not fully address the fact that WBCs on the Cell-dyn emerald Hematology analyzer did not hit the (QC) mean often from August to October 2024 resulting to WBCs (PT) failures in the last quater of 2024. 2. An interview with the technical consultant (PT# 3 CMS 209) in the review room on 01/16/2025 at approximately 12:30 PM, confirmed the laboratory director/ designee failed to ensure proper oversight of the laboratory's (QA) activities in the last quater of 2024.