

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D1042451	<b>(X3) Date Survey Completed</b>  05/14/2019
<b>Name of Provider or Supplier</b>  Jonesboro Pediatrics	<b>Street Address, City, State</b>  210 West Camp Ground Road, McDonough, 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>	On May 11, 2019, an off site followup review was completed. The report revealed that corrective action was found to be completed or acceptable progress made on the deficiencies cited. All deficiencies have been corrected. The facility is in compliance with with all regulations surveyed.
<b>D2007</b>	<p><b>TESTING OF PROFICIENCY TESTING SAMPLES</b> CFR(s): 493.801(b)(1)</p> <p>The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods</p> <p>This STANDARD is not met as evidenced by: Based on proficiency test (PT) document review and staff interview, the lab failed to ensure all testing personnel (TP) participated proficiency testing. Findings include: 1. Review of American Academy of Family Physicians (AAFP) PT attestation documents revealed staff #2 (CMS 209 form) performed 4 of 5 testing events 2017 to 2019 (to date). 2. Interview with staff #2 (CMS 209 form) on 5/14/19 in the laboratory at approximately 2 PM confirmed she had performed 4 of 5 testing events.</p>
<b>D6018</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(4)(iii)</p> <p>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. (e) The laboratory director must-- (e)(4)(iii) Ensure that all proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action;</p>

This STANDARD is not met as evidenced by:

Based on proficiency test (PT) document review and staff interview, the lab director (LD) failed to ensure all proficiency testing reports received are reviewed and corrective actions are documented. Findings include: 1. Review of American Academy of Family Physicians (AAFP) PT result documents revealed the LD did not review 2018 testing event #2. 2. Review of American Academy of Family Physicians (AAFP) PT result documents revealed the LD did not ensure corrective actions were documented for missed analytes on the 2017 testing event #3, 2018 testing event #1, and 2019 testing event #1. 3. Interview with staff #2 (CMS 209 form) on 5/14/19 at approximately 2:30 PM in the lab, confirmed the missing aforementioned documentation.