

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D1058713	(X3) Date Survey Completed 01/12/2023
Name of Provider or Supplier Upson Family Medical Center, Llc	Street Address, City, State 1512 Highway 19 North, Thomaston, 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 12, 2023. 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:
D2130	<p>HEMATOLOGY CFR(s): 493.851(f)</p> <p>Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory proficiency testing (PT) reports and testing personnel (TP) interview, the laboratory failed to maintain satisfactory performance in two of three testing events (1st and 3rd events of 2022), resulting in the first unsuccessful performance for automated white blood cell differential (WBCD) lymphocyte count. Findings: 1. Review of the laboratory PT reports disclosed the laboratory failed WBCD-lymphocyte count on the following: 2022 Event 1 lymphocyte Score 60% 2022 Event 3 lymphocyte Score 40% 2. Interview with TP #1 (CMS 209 form) on 1/12/23 in the clinical supervisor's office at 11:00 AM, confirmed the findings.</p>
D5221	<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 American Academy of Family Physicians (AAFP) Proficiency</p>

Testing (PT) documents for 2021 events 2 and 3 and 2022 events 1, 2, and 3 for hematology and testing personnel (TP) interview, the laboratory failed to provide corrective action, for 5 out of 5 events. Findings: 1. Review of AAFP PT 2021 document for event 2 revealed platelet count score of 80% - no corrective action documentation 2. Review of AAFP PT 2021 document for event 3 revealed lymphocyte count score of 80% and granulocyte count score of 80%- no corrective action documentation 3. Review of AAFP PT 2022 document for event 1 revealed lymphocyte count score of 60% and granulocyte count score of 80% - no corrective action documentation 4. Review of AAFP PT 2022 document for event 2 revealed monocyte count score of 80% - no corrective action documentation 5. Review of AAFP PT 2022 document for event 3 revealed platelet count score of 60%, lymphocyte count score of 40%, and granulocyte count score of 60% - no corrective action documentation 6. Interview with TP #1 (CMS 209 form) on 1/12/23 at 11:00 AM in the clinical manager's office confirmed the findings.