

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D1058713	(X3) Date Survey Completed 11/30/2023
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 proficiency testing desk review was completed on November 30, 2023. At the time of the review, the laboratory was not in compliance with the Clinical Laboratory Improvement Amendments (CLIA) of 1988, 42 CFR 493.1 through 42 CFR 493.1780. The following condition deficiencies were cited: D2016 - 42 CFR 493.803 Condition: Successful participation [proficiency testing] D6000 - 42 CFR 493.1403 Condition: Moderate Complex Laboratory Director
D2016	<p>SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c)</p> <p>(a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history.</p> <p>This CONDITION is not met as evidenced by: Based on review of the Centers for Medicare and Medicaid Services (CMS) 155 report and review of Wisconsin State Laboratory of Hygiene (WSLH) and American</p>

	<p>Academy of Family Physicians (AAFP) proficiency testing reports, the laboratory failed to successfully participate in proficiency testing (PT) for white blood cell differential (WBC Diff) in four consecutive testing events (2022 event 3 and 2023 events 1, 2 & 3), resulting in the non-initial unsuccessful participation for WBC Diff. Refer to D 2130</p>
<p>D2130</p>	<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 CMS 155 report and review of AAFP and WSLH PT evaluation reports, the laboratory failed to demonstrate satisfactory performance in four consecutive testing events, resulting in a non-initial unsuccessful participation for WBC Diff. Findings: 1. A review of CMS 155 report disclosed the laboratory failed WBC Diff on the following: 2022 AAFP Event 3 Score 67% 2023 WSLH Event 1 Score 53% 2023 WSLH Event 2 Score 0% 2023 WSLH Event 3 Score 60% 2. A review of the laboratory's AAFP and WSLH PT evaluation reports confirmed the laboratory failed WBC Diff with the aforementioned scores.</p>
<p>D6000</p>	<p>MODERATE COMPLEXITY LABORATORY DIRECTOR CFR(s): 493.1403</p> <p>The laboratory must have a director who meets the qualification requirements of 493.1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart.</p> <p>This CONDITION is not met as evidenced by: Based on review of the CMS 155 report and review of the AAFP and WSLH PT evaluation reports, the laboratory director failed to provide overall management and direction for successful participation in proficiency testing. Refer to D 6016</p>
<p>D6016</p>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(i)</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)(i) Ensure that the proficiency testing samples are tested as required under Subpart H of this part;</p> <p>This STANDARD is not met as evidenced by: Based on review of the CMS 155 Report and review of the PT evaluation reports from AAFP and WSLH, the laboratory director failed to ensure successful proficiency testing performance. Refer to D2130</p>