| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number<br><br>11D1058713 | (X3) Date Survey Completed<br><br>07/31/2025 |
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| **Name of Provider or Supplier**<br><br>Upson Family Medical Center, Llc | **Street Address, City, State**<br><br>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 |
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| **D0000** | A proficiency testing desk review was completed on July 31, 2025. At the time of the review, the laboratory was not in compliance with the Clinical Laboratory Improvement Amendments 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 493.1445 Condition: Moderate Complex Laboratory Director |
| **D2016** | SUCCESSFUL PARTICIPATION<br>CFR(s): 493.803(a)(b)(c)<br><br>(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.<br><br>This CONDITION is not met as evidenced by:<br>Based on proficiency testing (PT) desk review using the Centers for Medicare and Medicaid Services Casper report 155 and review of the laboratory's PT reports, the |

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| | laboratory failed to maintain overall satisfactory performance in the Specialty of Hematology resulting in a second subsequent unsuccessful occurrence for the analyte of White Blood Cell Differential (WBC Diff) in four out of five events, and the initial unsuccessful occurrence for the analyte of hemoglobin (HGB) in two of three events. Refer to D 2130 |
| **D2130** | HEMATOLOGY<br>CFR(s): 493.851(f)<br><br>(f) Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance.<br><br>This STANDARD is not met as evidenced by:<br>Based on proficiency testing (PT) desk review using the Centers for Medicare and Medicaid Services Casper report 155 and review of the laboratory's PT reports, the laboratory failed to maintain overall satisfactory performance in the Specialty of Hematolgy resulting in a second subsequent unsuccessful occurrence for the analyte of White Blood Cell Differential (WBC Diff) in four out of five events (1st and 2nd event, 2024, and 1st and 2nd event, 2025), and the initial unsuccessful occurrence for the analyte of hemoglobin (HGB) in two of three events (2nd event, 2024 and 1st event, 2025. Findings: 1. Review of the CASPER 155 report revealed the following scores: a. WBC Diff: 2024 Event 1 score 60% 2024 Event 2 score 0% 2025 Event 1 score 33% 2025 Event 2 score 0% b. HGB 2024 Event 2 score 0% 2025 Event 1 score 0% 2. Desk review of the laboratory's PT reports from WSLH confirms the laboratory scores for WBC Diff and HGB and an overall score of (67%) in the Specialty of Hematology. |
| **D6000** | MODERATE COMPLEXITY LABORATORY DIRECTOR<br>CFR(s): 493.1403<br><br>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.<br><br>This CONDITION is not met as evidenced by:<br>The laboratory director failed to provide overall management and direction of the laboratory to ensure successful participation in proficiency testing (PT) in the specialty of Hematology for the analytes of WBC Diff and HGB. Refer to D6016 |
| **D6016** | LABORATORY DIRECTOR RESPONSIBILITIES<br>CFR(s): 493.1407(e)(4)(i)<br><br>(e)(4)(i) The proficiency testing samples are tested as required under Subpart H of this part;<br><br>This STANDARD is not met as evidenced by:<br>The laboratory director failed to ensure PT was tested as required under subpart H resulting in the unsuccessful occurrences in the Specialty of Hematology for the analytes of WBC Diff and HGB. Refer to D2130 |
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| **D6019** | LABORATORY DIRECTOR RESPONSIBILITIES<br>CFR(s): 493.1407(e)(4)(iv)<br><br>(e)(4)(iv) An approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory;<br><br>This STANDARD is not met as evidenced by:<br>Based on surveyor proficiency testing (PT) desk review of the CMS Casper 155 report and the laboratory's WSLH PT record, the laboratory director failed to ensure an approved plan of correction dated 12/20/23 was followed resulting in unsuccessful performance in the Specialty of Hematolgy for the analytes of WBC Diff and HGB.<br>Refer to D2130 |