Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	11D1073404	08/16/2018
Name of Provider or Supplier	**Street Address, City, State**	
Dr Bills Kids	426 Highway, 26 East, Cochran, 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 August,18 2018. 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:
D5221	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d) All proficiency testing evaluation and verification activities must be documented. This STANDARD is not met as evidenced by: Based on the review of the American Proficiency Testing (API) and staff interview the laboratory failed to document corrective action for an unsuccessful score received on the 2017 2nd event of the Chemistry proficiency testing, and for an unseccessful score received on the 2018 1st event of the Hematology proficiency testing.. Findings: 1. Review of the API, 2017 2nd event of the Chemistry proficiency testing evaluation, the laboratory scored a 50% for the Sodium (NA) analyte, and of the API 1st event of the Hematology proficiency testing evaluation the laboratory scored a 0% for the Red Blood Cell count. There was no corrective action documented for the unsuccessful scores. 2. Interview with staff #1, and #2, on August 16, 2018 at approximately 12:45 pm, in the laboratory area, confirmed that they did not provide corrective action for the unsuccessful score for the NA analyte, and for the unsuccessful score for the Red Blood Cell Count..
D5805	TEST REPORT CFR(s): 493.1291(c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where

	the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability. This STANDARD is not met as evidenced by: Based on the review of patient test reports, and staff interview, the laboratory failed to meet this requirement. Findings: 1. Review of the patient test reports, the units of measurement for the Complete Blood Count (CBC) printed from the Electronic Medical Record does not have the units of measurement for the CBC analytes. 2. Interview with staff #1, and #2, on August 16, 2016 at approximately 12:30 pm, in the lab area, confirmed that the units of measurements were not on the patient report for the CBC analytes.