| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number** | **(X3) Date Survey Completed** |
|---|---|---|
| | 11D1096403 | 09/23/2021 |
| **Name of Provider or Supplier** | **Street Address, City, State** | |
| Johns Creek Dermatology And Family Medicine Pc | 6300 Hospital Parkway Suite 100, Duluth, 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** | On October 8, 2021 an off site follow-up review was completed. The report revealed that corrective action was found to be acceptable and corrected. The facility is now in compliance with with all regulations surveyed. |
| **D3011** | FACILITIES<br>CFR(s): 493.1101(d)<br><br>Safety procedures must be established, accessible, and observed to ensure protection from physical, chemical, biochemical, and electrical hazards, and biohazardous materials.<br><br>This STANDARD is not met as evidenced by:<br>Based on the maintenance record review and an interview with the Laboratory Director(LD), the laboratory failed to document eyewash maintenance. Findings include: 1. Maintenance record review revealed that the laboratory failed to document flushing the eyewash as stated in their procedure for 2019 and 2020. The laboratory has recently started to document the eyewash maintenance, as of January 2021. 2. During an interview with the LD (CMS 209 form) on September 23, 2021, in the LD office, at approximately 12:10 PM, confirmed the lack of documentation for the eyewash maintenace in 2019 and 2020. |