

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D1096873	(X3) Date Survey Completed 01/12/2022
Name of Provider or Supplier Jackson L Gates Md	Street Address, City, State 777 Cleveland Avenue, Suite 100, Atlanta, 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, 2022. 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:
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on Testing Personal (TP) document review and Laboratory Director(LD), the laboratory failed to verify at least twice annually, the accuracy of testing performed for Histopathology. Findings include: 1. TP document review revealed that the LD lacked one peer review for Histopathology in 2020. 2. The LD had one peer review in January 2020, but the report did not have the matching patient slide. 3. During an interview with the LD on January 12, 2022 at 11:35 AM, in the back office, it was confirmed that the LD lacked one peer review for Histopathology in 2020.</p>