Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	11D2052612	07/17/2018
Name of Provider or Supplier	**Street Address, City, State**	
Ancora Pain Recovery	24 Amherst Drive, Suite C, Winder, 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 July 17, 2018. The laboratory was not in compliance with all applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. The following deficiencies were cited:
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on review of the Policy and Procedure manual, and staff interview the laboratlry failed to follow their policy on verifying the Liquid Chromatography-Tandem Mass Spectropmetry (LC-MS/MS) procedures twice a year. Findings: 1. Review of the Policy and Procedure manual for LC-MS/MS the laboratory, states that the laboratory will send split samples out to a CLIA certified laboratory to verify the accuracy of the LC-MS/MS procedures. 2. Review of the LC-MS/MS verification documents, showed that in 2017, the laboratory performed duplicate testing on both of their LCMS-MS analyzers, compairing the results of each analyzer. 3. Interview the Clinic Lab Manager, and staff #2 (CMS form 209), on July 17, at 1 9pm, in the office, confirmed that the procedure verification was performed by running specimens on both of their LC-MS/MS analyzers.