

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D2059750	<b>(X3) Date Survey Completed</b>  01/31/2025
<b>Name of Provider or Supplier</b>  Peds Health	<b>Street Address, City, State</b>  361 Commercial Drive, Suite B, Savannah, GA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	A recertification survey was performed on , January 31, 2025. The facility was found to be NOT in compliance with all applicable CLIA requirements for specialties /subspecialties for 42 CFR.
<b>D6017</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(4)(ii)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(ii) Ensure that results are returned within the timeframes established by the proficiency testing program.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's Medical Laboratory Evaluation (MLE) Proficiency Testing (PT) records and staff interview, the laboratory director (LD) failed to ensure PT results for Speciality Hematology, were submitted before the due date.. Findings include: 1. Review of MLE PT records for 2023 and 2024 revealed the laboratory received a score of 0% on Event 1 of 2024, for Specialty of Hematology. The laboratory received a score of "failure to participate". 2. Interview with the LD on January 31, 2025 at approximately 1 pm in the office revealed that the Laboratory Director did not ensure that results were not submitted to the MLE PT provider in time to be evaluated , resulting in a score of 0%.</p>