Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	11D2087872	05/19/2022
Name of Provider or Supplier	**Street Address, City, State**	
Accordia Urgent Care And Family Practice	1205 Russel Parkway, Warner Robins, 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 proficiency testing desk review was completed on May 19, 2022. At the time of the review, the laboratory was not in compliance with the Clinical Laboratory Improvement Amendments of 1988, 42 CFR 493.1 through 42 CFR 493.1780 resulting in the 2nd unsuccessful PT performance. The following deficiencies were cited:
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history. This CONDITION is not met as evidenced by: Based on proficiency testing desk review using the Centers for Medicare and Medicaid (CMS) Casper Reports 155 and 153 and review of the laboratory's proficiency testing (PT) reports, the laboratory failed to maintain satisfactory

	performance in four (4) consecutive events (2021 events 1, 2, 3, and 2022 event 1), resulting in the second unsuccessful occurrence for Cell ID/WBC diff #0765. Findings include: Refer to D 2130
D2130	HEMATOLOGY CFR(s): 493.851(f) Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance. This STANDARD is not met as evidenced by: Based on review of the Centers for Medicare and Medicaid (CMS) Casper Reports 155 and 153 and review of the laboratory's proficiency testing (PT) reports, the laboratory failed to maintain satisfactory performance in four consecutive testing events (2021# 1, 2, 3, and 2022 #1), resulting in the second unsuccessful performance for Cell ID or WBC Diff, analyte # 765. Findings include: 1. Desk review of Casper Reports 153 and 155 disclosed the laboratory failed analyte #756, Cell ID or WBC Diff on Event 1 of 2021 with a score of 20%, Event 2 of 2021 with a score of 53%, Event #3 with a score of 53% and & Event 1 of 2022 with a score of 67%.. 2. Desk review of the laboratory's proficiency testing reports from American Proficiency Institute (API) confirms the laboratory failed Cell ID or WBC Diff on the aforementioned events, resulting in the second unsuccessful performance.
D6000	MODERATE COMPLEXITY LABORATORY DIRECTOR CFR(s): 493.1403 The laboratory must have a director who meets the qualification requirements of 493. 1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart. This CONDITION is not met as evidenced by: The laboratory director failed to maintain compliance with successful white blood cell (WBC) differential proficiency testing (PT) for four (4) consecutive events resulting in the second unsuccessful PT occurrence for WBC differential. Findings include: Refer to D6016
D6016	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(i) 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)(i) Ensure that the proficiency testing samples are tested as required under Subpart H of this part; This STANDARD is not met as evidenced by: Based on a desk review of the Centers for Medicare and Medicaid Casper Report 155 (CMS 155) and the laboratory's 2021 and 2022 proficiency testing (PT) evaluation reports, the laboratory director failed to ensure the laboratory maintained satisfactory

	performance for four (4) consecutive proficiency testing events for the automated white blood cell (WBC) differential resulting in the second unsuccessful PT occurrence for WBC differential. The findings include: 1. Review of the CMS 155 revealed the following unsatisfactory automated WBC differential scores: 2021 event 1=20%, 2021event 2= 53% , 2021 event 3= 53%, and 2022 event 1= 67%. 2. Review of the 2022 event one evaluation report revealed unacceptable scores for WBC differential resulting in the second PT occurrence for WBC differential #765.