

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D2120467	<b>(X3) Date Survey Completed</b>  05/20/2022
<b>Name of Provider or Supplier</b>  American Health S, Llc	<b>Street Address, City, State</b>  2130 Northwest Parkway, Se, Suite F, Marietta, 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 Clinical Laboratory Improvement Amendments (CLIA) recertification survey was completed on May 20, 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:
<b>D5221</b>	<p><b>EVALUATION OF PROFICIENCY TESTING PERFORMANCE</b> CFR(s): 493.1236(d)</p> <p>All proficiency testing evaluation and verification activities must be documented.</p> <p>This STANDARD is not met as evidenced by: Based on the Proficiency Testing(PT) document review and staff interview, the laboratory failed to perform the required correction action for unacceptable/failed evaluations. The Findings include: 1. College of American Pathologists (CAP-PT) document review revealed that the staff and Laboratory Director failed to document a correction for Bacteriology ID for D-A-2022, unacceptable score of 67% for Event 3 of 2021 and Event 1 of 2022. 2. During an interview on May 20, 2022, at 2:20 PM, with the Technical Consultant(TC) and testing personnel #1 on (CMS-209), in a front office of the facility, confirmed that the staff and Laboratory Director did not perform the required correction action for unacceptable/failed evaluations.</p>
<b>D6092</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1445(e)(4)(iv)</p> <p>The laboratory director must ensure an approved corrective action plan is followed when any proficiency testing result is found to be unacceptable or unsatisfactory.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's Proficiency Testing (PT) records and staff</p>

interview, the laboratory director (LD) failed to ensure an approved corrective action plan is followed when any PT result is found to be unacceptable/unsatisfactory. Findings include: 1. Review of College of American Pathologists (CAP-PT) PT records for 2021 and 2022 for Bacteriology ID revealed the laboratory received a score of 67%(Event 3 of 2021), and 58%(Event 1 of 2022). 2. During an interview with the Technical Consultant(TC) and Testing Personnel # 1(CMS-209) on May 20, 2022 at approximately 2:30 PM, confirmed the LD failed to ensure corrective action was performed for PT results that were unacceptable/unsatisfactory.