

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D2128374	(X3) Date Survey Completed 07/23/2018
Name of Provider or Supplier University Cancer & Blood Center, Llc-Lavonia	Street Address, City, State 355 Clear Creek Parkway, Suite 2007, Lavonia, 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 23, 2018. 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 review of laboratory records and an interview with the Clinic's Technical Consultant(TC) (PT # 2 CMS 209), the laboratory failed to enroll in a CMS approved Proficiency Testing(PT) Program for Hematology/ Coagulation as required by Clinical Laboratory Improvement Amendments. Findings include: 1.) A review of PT documents revealed that patient testing began May of 2017 and the laboratory should have enrolled in Proficiency Testing by the 3rd quarter of 2017 for Hematology/ Coagulation but failed to do so. 2.) An interview with the Clinic's Technical Consultant (TC) (PT # 2 CMS 209) at approximately 12:35 pm on July 23, 2018 in the review conference room confirmed the Clinic was not enrolled in Proficiency Testing by the 3rd Quarter of 2017..</p>