

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D2131391	(X3) Date Survey Completed 12/12/2019
Name of Provider or Supplier The Longstreet Clinic, P C , At Highpoint	Street Address, City, State 1270 Friendship Road, Braselton, 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 December 12, 2019. 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:
D3011	<p>FACILITIES CFR(s): 493.1101(d)</p> <p>Safety procedures must be established, accessible, and observed to ensure protection from physical, chemical, biochemical, and electrical hazards, and biohazardous materials.</p> <p>This STANDARD is not met as evidenced by: Based on observation and an interview with the laboratory manager, the laboratory failed to implement and established safety procedure to ensure protection from physical, biochemical, and biohazardous materials. Findings include: 1. During the laboratory tour it was observed there was not a maintenance log or eyewash equipment in the phlebotomy area or the testing laboratory. 2. An interview with the laboratory manager , during the laboratory tour, on 12/12/2019, at approximately 10: 15 a.m., confirmed the absence of eyewash equipment and maintenance log.</p>
D5221	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE 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 document review and an interview with the laboratory director, the lab failed to document corrective action for unsuccessful American Proficiency Institute</p>

(API) proficiency test (PT) results as required by Clinical Laboratory Improvement Amendments. Findings include: 1. Review of API PT documents revealed the laboratory failed to document corrective action for failed Urobilinogen PT results: 2018 - 1st Event (Score of 0%). As a result, an error was made on the 2nd event of 2018 resulting in another 0% score in Urobilinogen in urinalysis. 2. An interview with the laboratory manager, on 12/12/2019, in the break room, at approximately 12:15 p. m., confirmed that there was no corrective action performed for the above failed (API) PT results.