

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D2136950	(X3) Date Survey Completed 05/10/2021
Name of Provider or Supplier Spectrum Medical Solutions	Street Address, City, State 114 Canal Street, Suite 503, Pooler, 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 May 10, 2021. 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 during the tour and an interview with the Technical Supervisor (TS), TP#3(CMS 209) 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 no eyewash equipment installed in or near the laboratory testing area on the day of survey. 2. An interview with the Technical Consultant (TS) TP #3(CMS 209) and the laboratory director during the exit conference on 05/10/2021 at approximately 11:30 a. m., confirmed the absence of eyewash equipment in the laboratory testing area.</p>