

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D2139166	(X3) Date Survey Completed 02/24/2021
Name of Provider or Supplier Ga Dermatology Specialists Of Coweta County, Llc	Street Address, City, State 524 Dixie Street, Carrollton, 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 February 24, 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:
D2009	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on review of proficiency test (PT) records and interview with the laboratory technical supervisor, the laboratory testing personnel (TP) failed to attest that PT samples were tested in the same manner as patient specimens. Findings include: 1. Review of 2020 American Academy of Family Physicians (AAFP) PT records reveals the TP failed to sign the attestation statement for 2020 events A & B in the subspecialty of Mycology. 2. Interview with the Technical Supervisor (CMS 209) on February 24, 2021 at 11 am in the breakroom, confirmed the TP failed to attest that PT samples were tested in the same manner as patient specimens.</p>
D6018	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iii)</p> <p>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)(iii) Ensure that all proficiency testing reports received are</p>

reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action;

This STANDARD is not met as evidenced by:

Based on review of the laboratory's Proficiency Testing (PT) records and staff interview, the laboratory director (LD) failed to ensure PT results were reviewed upon receipt from the PT agency. Findings include: 1. Review of 2019 American Academy of Family Physicians (AAFP) PT records reveals the LD failed to ensure the results received for the subspecialty of Mycology Events B & C had documented review by appropriate staff to evaluate the laboratory's performance. 2. Interview with the Technical Supervisor (CMS 209) on February 24, 2021 at 11 am in the breakroom, confirmed results did not have documented review.