

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D2200388	(X3) Date Survey Completed 10/22/2025
Name of Provider or Supplier Houston Healthcare Bonaire Med Stop	Street Address, City, State 520 Ga Highway 247 South, Suite 501, Bonaire, 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 October 22, 2025. 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:
D6004	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(a)(b)</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. (a) The laboratory director, if qualified, may perform the duties of the technical consultant, clinical consultant, and testing personnel, or delegate these responsibilities to personnel meeting the qualifications of 493.1409, 493.1415, and 493.1421, respectively. (b) If the laboratory director reapporitions performance of his or her responsibilities, he or she remains responsible for ensuring that all duties are properly performed.</p> <p>This STANDARD is not met as evidenced by: A review of 2023 - 2025 Personnel Record confirmed that the Laboratory Director (LD) failed to provide oversight on the performance personnel competencies. THE FINDINGS INCLUDE: 1. A review of 2023 - 2025 Personnel Records revealed that unqualified Testing Personnel (TP) performed competencies on each other. 2. A review of the aforementioned records confirmed that the LD failed to perform a competency on the Technical Supervisor. 3. A review of the 2023 - 2025 Personnel Records revealed that the dates in which the annual competencies were performed was not documented. 4. The review of 2023- 2025 Personnel Records revealed that a letter of designation, from the LD, was not available on the date of survey. 5. An exit</p>

interview, with Lab Team, on October 22, 2025, at 2:00pm, confirmed that the Laboratory Director (LD) failed to provide oversight on the performance personnel competencies.