

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D0027947	(X3) Date Survey Completed 07/30/2019
Name of Provider or Supplier Crossroads Medical Group, PLLC	Street Address, City, State 3500 N Mt Juliet Rd Ste 201, Mount Juliet, TN	
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
D5293	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(b)(c)</p> <p>(b) The general laboratory systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of general laboratory systems quality assessment reviews with appropriate staff. (c) The laboratory must document all general laboratory systems quality assessment activities.</p> <p>This STANDARD is not met as evidenced by: Based on review of the Quality Assurance Policy and interview with the laboratory liaison, the laboratory failed to evaluate the general laboratory systems quality assessment for 2018 and 2019. The findings include: 1. Review of the Quality Assurance policy stated the laboratory is to evaluate the quality assurance monthly to include the following: Personnel Training and Qualifications Proficiency Testing Procedure Manual Specimen Collection and Handling Specifications Quality Control Program Instrument Maintenance Program Laboratory Safety 2. Lack of QA monthly checklist available for review for January 2018 through June 2019. 3. Interview on July 30, 2019 at 1:30 p.m. with the laboratory liaison confirmed the laboratory is to evaluate the quality assurance monthly.</p>