

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D0309601	(X3) Date Survey Completed 06/15/2021
Name of Provider or Supplier Beacon Health Alliance, Pc	Street Address, City, State 4519 Hixson Pike, Hixson, 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
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:</p> <p>===== Based on review of 2020 and 2021 Proficiency Testing (PT) attestation sheets and upon interview with the Lead Medical Technologist (MT), it was determined the laboratory director failed to sign the attestation sheets for Hematology and Microbiology during the two year period. The findings include: 1. Review of PT reports for 2020 and 2021. 2. The laboratory director failed to sign the PT attestation sheets for the 2nd and 3rd events of 2020 and the 1st event of 2021 for Hematology and Microbiology. 3. An interview at approximately 1:00 p.m. on 06/15/2021 with the Lead MT confirmed the laboratory director had not signed the attestation sheets for the 2nd and 3rd events of 2020 and the 1st event of 2021 for Hematology and Microbiology.</p> <p>=====</p>