

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D0309672	(X3) Date Survey Completed 12/03/2018
Name of Provider or Supplier Coffee Medical Group Llc	Street Address, City, State 1615 McMinnville Hwy, Manchester, 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
D2007	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods</p> <p>This STANDARD is not met as evidenced by: Based on a review of the Complete Blood Count (CBC) Proficiency Testing (PT) records for 2017 and 2018 and upon interview with the primary testing person , determined the PT samples were not tested by three of four testing personnel as listed on the Laboratory Personnel Report Form 209. The findings include: 1. A review of the CBC PT records for 2017 and 2018 revealed two or three of four testing personnel's signature on the attestation sheets. 2. An interview with the CBC primary testing person at approximately 10:30 a.m. on December 3, 2018, confirmed she was the only person of four, listed on the Laboratory Personnel Report Form, who tested the proficiency testing samples for 2017 and 2018.</p>