

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D0310982	(X3) Date Survey Completed 10/24/2019
Name of Provider or Supplier Arthritis Associates Of Kingsport, Pllc	Street Address, City, State Three Sheridan Square, Kingsport, 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 the Chemistry Proficiency Testing (PT) reports for 2018 and 2019 and upon interview with the two laboratory testing personnel, it was determined the attestation sheets had not been signed by the director and testing personnel for all testing events for the two year period. The findings include: 1. A review of the PT reports revealed the Chemistry attestation sheets for the 1st, 2nd and 3rd events for 2018 and 2019 were failed to be signed by the director and testing personnel. 2. An interview at approximately 2:30 p.m. October 24th, 2019 with the two testing personnel confirmed the Chemistry PT attestation sheets for 2018 and 2019 had not been signed by the director and testing personnel. =====</p>