PRINTED: 03/09/2020 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER COLUMBUS WOMENS HEALTH ORG SIMMARY CATEMENT OF DEFICIENCIES PROVIDERS, AND TO PRIVE COLUMBUS, CA 31904 PRIETX RECOLLATORY OR IS DENTIFYING INFORMATION) DO 000 INITIAL COMMENTS A Clinical Laboratory Improvement Amendments (CLIA) Recertification survey was completed on July 22, 2019. The laboratory was not in compliance with applicable CLIA requirements found at 2 CFR 433 through 42 CFR 433, 1780. The following condition/deficiencies were cited: D5411 Test systems must be selected by the laboratory. The testing must be performed following the manufacturer's instructions and in a manner that provides test results within the laboratory's stated performance specifications for oach test system as determined under \$493.1253. This STANDARD is not met as evidenced by: Based on review of a procedural change for determining Rh factor with Abaclone reagents, review of the repairer package insert, review of the patient logs/with temperature documents at the bottom), and staff inferview, the laboratory was not following the manufacturer's specifications for oach test system as determined the performance. Findings: 1. Review of the procedural change for determining Rh factor with Abaclone reagents, review of the reagent package insert for the sample, stated "if no agglutination occurs, incubate the test for five minutes at 16-24 degrees Celsius (64.4 to 75.2 degrees Fahrenheil)." 2. Review of the package insert for the Albaclone ABORATORY DIRECTORS OR PROVIDERSUPPLIER REPRESENTATIVES SIGNATURE TILLE DESTINATION TO THE ADVICE COLUMN TO THE COLU		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUC		(X3) DATE SURVEY COMPLETED	
SUMMARY STATEMENT OF DEFICIENCIES DEPOSITION OF THE PROPERTY SUMMARY STATEMENT OF DEFICIENCIES PREFET SUMMARY STATEMENT OF DEFICIENCIES PREFET			11D2025053	B. WNG			07/	/22/2019
PREFIX TAG REGULATORY OR ISO DENTIFYING INFORMATION) D 000 INITIAL COMMENTS A Clinical Laboratory Improvement Amendments (CLIA) Receptification survey was completed on July 22, 2019. The laboratory was not in compliance with applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. The following condition/deficiencies were cited: D5411 TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(a) Test systems must be selected by the laboratory. The testing must be performed following the manufacturer's instructions and in a manner that provides test results within the laboratory's stated performance specifications for each test system as determined under \$493.1253. This STANDARD is not met as evidenced by: Based on review of a procedural change for determining Rh factor with Albaclone reagents, review of the patient logs(with temperature documents at the bottom), and staff interview, the laboratory was not following the manufacturer's specifications for the room temperature during test performance. Findings: 1. Review of the procedural change for determining the Rh factor of the sample, stated "if no agglutination occurs, incubate the test for five minutes at 18-24 degrees Celsius (64.4 to 75.2 degrees Fahrenheit)." 2. Review of the package insert for the Albaclone			RG		3850 ROSEM	ONT DRIVE		
A Clinical Laboratory Improvement Amendments (CLJA) Recertification survey was completed on July 22, 2019. The laboratory was not in compliance with applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. The following condition/deficiencies were cited: D5411 TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(a) Test systems must be selected by the laboratory. The testing must be performed following the manufacturer's instructions and in a manner that provides test results within the laboratory stated performance specifications for each test system as determined under §493.1253. This STANDARD is not met as evidenced by: Based on review of a procedural change for determining Rh factor with Albaclone reagents, review of the reagent package insert, review of the patient logs(with temperature documents at the bottom), and staff interview, the laboratory was not following the manufacturer's specifications for the room temperature during test performance. Findings: 1. Review of the procedural change for determining the Rh factor of the sample, stated "if no agglutination occurs, incubate the test for five minutes at 18-24 degrees Celsius (64.4 to 75.2 degrees Fahrenheit)." 2. Review of the package insert for the Albaclone	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFI		EACH CORRECTIVE ACTION SHOULD B COSS-REFERENCED TO THE APPROPRI		COMPLETION
(CLIA) Recertification survey was completed on July 22, 2019. The laboratory was not in compliance with applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. The following condition/deficiencies were cited: D5411 TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(a) Test systems must be selected by the laboratory. The testing must be performed following the manufacturer's instructions and in a manner that provides test results within the laboratory's stated performance specifications for each test system as determined under §493.12523. This STANDARD is not met as evidenced by: Based on review of a procedural change for determining Rh factor with Albactone reagents, review of the pagent package insert, review of the patient logs(with temperature documents at the bottom), and staff interview, the laboratory was not following the manufacturer's specifications for the room temperature during test performance. Findings: 1. Review of the procedural change for determining the Rh factor of the sample, stated "if no agglutination occurs, incubate the test for five minutes at 18-24 degrees Celsius (64.4 to 75.2 degrees Fahrenheit)." 2. Review of the package insert for the Albaclone	D 000	INITIAL COMMENTS		D	000			
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	D5411	(CLIA) Recertification July 22, 2019. The la compliance with appli found at 42 CFR 493. 493.1780. The followi were cited: TEST SYSTEMS, EQ INSTRUMENTS, REA CFR(s): 493.1252(a) Test systems must be The testing must be p manufacturer's instruc provides test results w performance specifica as determined under § This STANDARD is n Based on review of a determining Rh factor review of the reagent the patient logs(with te the bottom), and staff was not following the r specifications for the r test performance. Findings: 1. Review of the proc determining the Rh fac no agglutination occur minutes at 18-24 degr degrees Fahrenheit)."	survey was completed on boratory was not in cable CLIA requirements 1 through 42 CFR ng condition/deficiencies UIPMENT, GENT selected by the laboratory. erformed following the stions and in a manner that within the laboratory's stated tions for each test system 6493.1253. ot met as evidenced by: procedural change for with Albaclone reagents, package insert, review of emperature documents at interview, the laboratory manufacturer's oom temperature during edural change for ctor of the sample, stated "if s, incubate the test for five ees Celsius (64.4 to 75.2)	D5-	111			7/23/19
	AROBATORY	DIDECTOR'S OF PROVIDERS	IDDI IED DEDDESENTATIVES SIGNATURE			Trains in		000 DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION		E SURVEY PLETED
		11D2025053	B. WNG		07	//22/2019
	ROVIDER OR SUPPLIER JS WOMENS HEALTH O	RG	31	TREET ADDRESS, CITY, STATE, ZIP CODE 350 ROSEMONT DRIVE OLUMBUS, GA 31904		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
D5411	minutes at 20 - 24 ded degrees Fahrenheit).' 3. Review of the Patitemperature range was Celsius, but according specifications the tembeen 20 to 24 degree	tes "incubate the slide for 5 grees Celsius (68 to 75.2 ent logs, the room as listed as 18 to 24 degrees to manufacturer's perature range should have s Celsius. #1 (CMS 209 form) on July ately 3pm, in the	D5411			
D5429	perform and document by the manufacturer at frequency specified by This STANDARD is not Based on review of the and staff interview, the any documentation of MicroHematocrit II certainly. 1. Upon observation of Adams MicroHematoc that indicated the voltachecked. 2. Review of maintent that there was no documentaturers.	function checks facturer's equipment, restems, the laboratory must at maintenance as defined and with at least the rest the manufacturer. ot met as evidenced by: the maintenance documents are laboratory did not have maintenance on the Adams attrifuge.	D5429			8/23/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		11D2025053	B. WNG			07/22/2019	
	ROVIDER OR SUPPLIER US WOMENS HEALTH O	RG		STREET ADDRESS, CITY, STATE, 3850 ROSEMONT DRIVE COLUMBUS, GA 31904	ZIP CODE		_
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	IN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIAT CIENCY)		
D5429	July 22, 2019, at appliconsultation Office, of checks and RPM had MHCTII centrifuge. MODERATE COMPL DIRECTOR CFR(s): 493.1403 The laboratory must he qualification requiting subpart and provi	#1 (CMS 209 form), on roximately 12:20 pm, in the onfirmed that the timer not been checked on the EXITY LABORATORY have a director who meets rements of §493.1405 of des overall management dance with §493.1407 of	D54			9/30/19	The state of the s
D6003	Based on review of p interview, the laborator meet the qualification time period of August Findings include: Refer to D6003 for de LABORATORY DIRECTORY DIRECTORY (s): 493.1405 AN The laboratory director manage and direct the the performance of me and must be eligible to laboratory within the rethis part. (a) The laboratory director current license as a laboratory.	CTOR QUALIFICATIONS D 493.1406 r must be qualified to e laboratory personnel and oderate complexity tests b be an operator of a equirements of subpart R of	D60	03		9/30/19	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		11D2025053	B. WING_			7/22/2019	
	ROVIDER OR SUPPLIER JS WOMENS HEALTH OF	RG		STREET ADDRESS, CITY, STATE, ZIP CODE 3850 ROSEMONT DRIVE COLUMBUS, GA 31904			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
D6003	such licensing is requivalent to the state of the state o	ired; and ector must f medicine or doctor of o practice medicine or e in which the laboratory is an anatomic or clinical the American Board of rican Osteopathic Board of qualifications that are quired for such certification; f medicine, doctor of of podiatric medicine edicine, osteopathy, or a which the Laboratory is oratory training or of: the year directing or ed laboratory testing; or September 1, 1993, have medical education credit actice commensurate with lities defined in §493.1407; or training equivalent to of this section obtained actory. (For example, ther in hematology or cal oncology by the ernal Medicine); or doctoral degree in a	D60	03			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		11D2025053	B. WING		07	/22/2019
	ROVIDER OR SUPPLIER JS WOMENS HEALTH O	RG		STREET ADDRESS, CITY, STATE, ZIP CODE 3850 ROSEMONT DRIVE COLUMBUS, GA 31904		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
D6003	Laboratory Immunolo (b)(3)(ii) Have had at directing or supervising testing; (b)(4)(i) Have earned chemical, physical, bis science or medical terinstitution; (b)(4)(ii) Have at least training or experience testing; and (b)(4)(iii) In addition, his supervisory laboratory testing; or (b)(5)(i) Have earned chemical, physical, or medical technology from (b)(5)(ii) Have at least training or experience testing; and (b)(5)(iii) In addition, his supervisory laboratory testing; (b)(6) Be serving as a must have previously qualified as a laboratory dualified as a laboratory state law to direct in which the laboratory director qualified testing tes	e American Board of nerican Board of Medical gy; or least one year experience gronn-waived laboratory a master's degree in a clogical or clinical laboratory chnology from an accredited one year of laboratory, or both in non-waived ave at least one year of experience in non-waived a bachelor's degree in a clological science or om an accredited institution; 2 years of laboratory or both in non-waived ave at least 2 years of experience in non-waived laboratory director and qualified or could have ry director under bruary 28, 1992, qualified ect a laboratory in the State vis located.	D600	03		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	' '	E SURVEY PLETED
		11D2025053	B. WING_		07	//22/2019
	ROVIDER OR SUPPLIER JS WOMENS HEALTH OI	RG		STREET ADDRESS, CITY, STATE, ZIP CODE 3850 ROSEMONT DRIVE COLUMBUS, GA 31904		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
	the State, if such licer (b) The laboratory dire (b) (1) Be a physician of clinical pathology (or be of Pathology or the Arrof Pathology or posse equivalent to those received (b) (2) Be a physician of (b) (2) (i) Is certified by Pathology or the Americal Microbiology, Clinical Chemistry, the Bioanalysis, or other one of the laboratory of (b) (2) (ii) Is certified by Cytology to practice of qualifications that are for such certification; of (b) (2) (iii) Subsequent more years of full-time and experience of white spent acquiring proficillaboratory specialties; (b) (3) For the subspect be certified by the American Osteopathic possesses qualification those required for cert (b) (4) Hold an earned accredited institution will biological science as a	ector must possess a aboratory director issued by using exists; and ector must: certified in anatomical or both) by the American Board merican Osteopathic Board ss qualifications that are quired for such certification; who: the American Board of rican Osteopathic Board of me of the laboratory the American Board of the American Board of ational accrediting board in specialties; or the American Society of propathology or possesses equivalent to those required for to graduation, has had 4 or general laboratory training ch at least 2 years were ency in one of the sialty of oral pathology only, erican Board of Oral Board of Pathology or the Board of Pathology or that are equivalent to diffication; doctoral degree from an with a chemical, physical, or	D60			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		11D2025053	B. WING_		07.	/22/2019	
	IDER OR SUPPLIER WOMENS HEALTH OF	RG		STREET ADDRESS, CITY, STATE, ZIP CODE 3850 ROSEMONT DRIVE COLUMBUS, GA 31904			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
Me Cl Bir ac sp (b) mo an sp lat (b) be the be in (b) ac bir sui pe (b) ac bir sui pe (b) an sp or (b) lat loc No	inical Chemistry, the coanalysis, or other more periable to HHS in elecialties; or ()(4)(ii) Subsequent to prevent acquiring proficion acquiring the direction of a laborative of July 1, 1971, had addition, either: ()(5)(ii) Was a physicial acquiring acquiring laboratory explosion acquiring laboratory explosion acquiring acquiring to graduate the credited institution woological science as a becquent to graduate trinent full-time laboratory in the July 1, 1970; (6) (iv) Achieved a sexamination conductions or ship of the U.S. before July 1, 1970; (6) Qualify under State cated.	the American Board of a American Board of a American Board of national accrediting board one of the laboratory o graduation, has had 4 or a general laboratory training ch at least 2 years were ency in one of the individuals first qualifying ave been responsible for ratory for 12 months and January 1, 1968, and, an and subsequent to at 4 years of pertinent perience; r's degree from an with a chemical, physical, or a major subject and tion had at least 4 years of ratory experience; elor's degree from an with a chemical, physical, or a major subject and tion had at least 6 years of ratory experience; or atisfactory grade through cted by or under the 5. Public Health Service on	D60	003			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	1 /001		
		11D2025053	B. WING		07	//22/2019	
	ROVIDER OR SUPPLIER JS WOMENS HEALTH OI	RG		STREET ADDRESS, CITY, STATE, ZIP CODE 3850 ROSEMONT DRIVE COLUMBUS, GA 31904		` -	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
D6003	1 year for each year of experience obtained to required by State law license. An exception qualifying date in parawas made provided the qualification approval had been employed in years of the 5 years p submission of his quature. This STANDARD is not be a submission of pinterview, the laborate meet the qualification.	is section may be extended of full-time laboratory perfore January 1, 1958 for a laboratory director to the July 1, 1971 agraph (b)(5) of this section nat the individual requested by October 21, 1975 and a laboratory for at least 3 receding the date of	D600	03			
D6033	07/22/2019) revealed proper lab training or of direct a moderate com 2. Interview with staff 9/19/18 at approximate breakroom, confirmed meet the training or exTECHNICAL CONSUL COMPEXITY CFR(s): 493.1409 The laboratory must h who meets the qualific §493.1411 of this subproper laboratory must here.	#1(CMS 209 form) on ely 10:30 AM in the the lab director did not operience requirements LTANT-MODERATE ave a technical consultant	D603	3		9/30/19	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		11D2025053	B. WING		07/	/22/2019	
	ROVIDER OR SUPPLIER JS WOMENS HEALTH OI	RG		STREET ADDRESS, CITY, STATE, ZIP CODE 3850 ROSEMONT DRIVE COLUMBUS, GA 31904	-		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
D6033	Continued From page	8	D60:	33			
	Based on review of p interview, the Technic meet the qualification	not met as evidenced by: ersonnel records and staff al Consultant (TC) failed to requirements during the 1, 2018 to July 22, 2019.					
D6034	Refer to D6034 for de	tails _TANT QUALIFICATIONS	D603	34		9/30/19	
	either training or expectonsultation for each of subspecialties of service performs moderate consultation as the technic or she meets the qualissection. This STANDARD is not be a serviced and the period of August Findings include: 1. Review of personners.	ralified by education and rience to provide technical of the specialties and ce in which the laboratory implexity tests or tor of a laboratory complexity testing may cal consultant provided he fications specified in this of met as evidenced by: ersonnel records and staff al Consultant (TC) failed to requirements during the 1, 2018 to July 22, 2019. If records (08/01/2018 to the TC did not have the experience required to plexity lab.					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION		E SURVEY PLETED
		11D2025053	B. WING			07	//22/2019
	ROVIDER OR SUPPLIER US WOMENS HEALTH O	RG		3	TREET ADDRESS, CITY, STATE, ZIP CODE 850 ROSEMONT DRIVE COLUMBUS, GA 31904		· · · · · · · · · · · · · · · · · · ·
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
D6034	9/19/18 at approxima breakroom, confirmed training or experience TESTING PERSONN	tely 10:30 AM in the I the TC did not meet the requirements EL QUALIFICATIONS	D60	034			8/23/19
	(b)(1) Be a doctor of rosteopathy licensed to osteopathy in the State located or have earned bachelor's degree in a biological or clinical la medical technology from (b)(2) Have earned archemical, physical or medical laboratory technistitution; or (b)(3) Be a high school and have successfully military medical laborate least 50 weeks dura military enlisted occup Laboratory Specialist (b)(4)(i) Have earned equivalent; and This STANDARD is not as a Testing Perprovide a copy of a high equivalency. Findings: 1 Based on review of	Illowing requirements: medicine or doctor of to practice medicine or te in which the laboratory is ad a doctoral, master's, or a chemical, physical, aboratory science, or om an accredited institution; associate degree in a biological science or chnology from an accredited of graduate or equivalent or completed an official atory procedures course of ation and have held the bational specialty of Medical (Laboratory Technician); or a high school diploma or ot met as evidenced by: the Employee documents there was a staff member resonnel (TP) that did not the gh school diploma, or					
		the employee documents, S-209), did not have a copy		***************************************			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ı	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED		
		11D2025053	B. WING			07/	22/2019	
	ROVIDER OR SUPPLIER JS WOMENS HEALTH O	RG		STREET ADDRESS, CITY, STATE, ZIP CODE 3850 ROSEMONT DRIVE COLUMBUS, GA 31904				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	IX (EACH CORRECTIVE ACTION S	HOULD BE		(X5) COMPLETION DATE	
D6065	of a high school diplor for moderate complex 2 Interview with staff 2019, at approximatel Room, confirmed that	ma or equivalency, required city testing personnel. #1 (CMS-209) on July 22, y 3pm, in the Consultation the aforementioned staff a copy of a high school	D66	5065				