

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>11D0888460</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAVANNAH MEDICAL CLINIC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 EAST 34TH STREET SAVANNAH, GA 31401</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
D 000	INITIAL COMMENTS	D 000		
D6046	<p>A Clinical Laboratory Improvement Amendments (CLIA) recertification survey was completed on March 6, 2019. The laboratory was not in compliance with applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. The following deficiency was cited:</p> <p><b>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8)</b></p> <p>(b) The technical consultant is responsible for-- (b)(8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently.</p> <p>This STANDARD is not met as evidenced by: Based on review of 2017 &amp; 2018 personnel competency assessment records and staff interview, the laboratory director/technical consultant failed to include the six required competency assessment criteria when evaluating competency on testing personnel who test for the Rhesus factor (RH) also know as RH type.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of testing personnel competency assessment records for 2017 &amp; 2018 on 4 of 4 testing personnel revealed the assessment did not include the six competency assessment criteria required by CLIA.</li> <li>2. Interview with the office administrator and testing personnel # 1 as well as TP # 2 (see CMS 209) in the office assigned to the surveyor on March 6, 2019 at approximately 4:00 PM confirmed 2017 &amp; 2018 annual competency</li> </ol>	D6046		4/17/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

04/05/2019

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.

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D6046	Continued From page 1 assessments did not contain the six criteria required by CLIA	D6046			