Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	01D0027697	02/27/2023
Name of Provider or Supplier	**Street Address, City, State**	
Auburn University Medical Clinic Laboratory	400 Lem Morrison Drive, Auburn, AL	

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
D5291	GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236. This STANDARD is not met as evidenced by: Based on a review of the personnel records and an interview with Testing Personnel #4, the laboratory failed to update and document Quality Assurance (QA) reviews, and implement corrective actions when needed in the general laboratory systems. This was noted from the previous survey on 6/10/2021 to 2/27/2023 (current survey). The findings include: 1. A review of the Personnel records revealed the laboratory failed to implement QA procedures to ensure Testing Personnel competency evaluations were performed and documented. (Refer to D6054.) 2. During an interview on February 27th, 2023, at 11:02 AM, Testing Personnel #4 confirmed the above findings.
D6054	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9) The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least annually, after the first year. This STANDARD is not met as evidenced by: Based on a review of the personnel records and an interview with Testing Personnel #4, the Technical Consultant failed to ensure all testing personnel had documentation of annual competency assessments. The surveyor noted no documentation of the 2021

	and 2022 annual competency assessment for three of seven testing personnel listed on the CMS-209 (Laboratory Personnel Report). The findings include: 1. A review of the personnel records revealed the following: a) Testing Personnel #3 had an annual competency evaluations performed on 6/16/2021, however there was no documentation of the 2022 annual competency assessment. b) Testing Personnel #6 and #7 had no documentation of annual competency for 2021 and 2022. 2. During an interview on February 27th, 2023, at 11:02 AM, Testing Personnel #4 confirmed the above findings.