

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  01D0304310	<b>(X3) Date Survey Completed</b>  10/05/2023
<b>Name of Provider or Supplier</b>  Pediatric Healthcare	<b>Street Address, City, State</b>  4700 Woodmere Blvd, Montgomery, AL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5407</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on a review of Policies and Procedures and in interview with Testing Personnel #2, the Laboratory Director failed to review and approve all policies and procedures prior to patient testing. This was noted from September 2023 to the date of the current survey, 10/5/2023. The findings include: 1. A review of the Policy and Procedure manual revealed no evidence of approval by the current Laboratory Director. 2. During an interview on 10/5/2023 at 1:30 PM, Testing Personnel #2 explained the Laboratory Director has recently moved into the role and had not yet approved the Policies and Procedures.</p>
<b>D6053</b>	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens.</p> <p>This STANDARD is not met as evidenced by: Based on a review of Personnel records and an interview with Testing Personnel #2, the Technical Consultant failed to assess competency at least semi annually in the first year of patient testing. This was noted for one out of three Testing Personnel previously qualified from the date of the last survey, January 26, 2022, to the date of the current survey, October 5, 2023. The findings include: 1. A review of Personnel</p>

records revealed Testing Personnel #3 to have an initial training date of 11/18/21 and an annual competency date of 11/30/2022. No evidence of a six month competency assessment was available for review. 2. During an interview on 10/5/2023 at 11:00 AM, Testing Personnel #2 confirmed the above findings.