

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D0305030	(X3) Date Survey Completed 12/08/2025
Name of Provider or Supplier Evergreen Medical Center	Street Address, City, State 101 Crestview Ave, Evergreen, 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
D0000	The following deficiencies were cited as a result of a complaint survey conducted on 12/8/2025 after the occurrence of a possible Immediate Jeopardy incident.
D6046	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8)</p> <p>(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. The procedures for evaluation of the competency of the staff must include, but are not limited to--</p> <p>This STANDARD is not met as evidenced by: Based on a review of the personnel records and an interview with the General Supervisor (GS), the Technical Consultant/Supervisor (TC/TS) failed to ensure Testing Personnel (TP) listed on the CMS-209 (Laboratory Personnel Report) had competency assessments which included the six minimal regulatory requirements. The surveyor noted five of the six requirements were missing from the annual and semi-annual assessments. The findings include: 1. A review of the 2024-2025 personnel records revealed the TP competency assessment for the Immunohematology-Blood Bank specialty had no documentation on five of the six minimal regulatory requirements. The surveyor noted the missing requirements were as follows: (1) Monitoring the recording and reporting of test results, (2) Review of intermediate test results of worksheets, quality control records, proficiency testing results, and preventive maintenance results. (3) Direct observation of performance of instrument maintenance and function checks. (4) Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples. (5) Assessment of problem-solving skills. 2. The GS confirmed the above findings during the exit conference on 12-08-2025 at 4:22 PM.</p>
D6103	LABORATORY DIRECTOR RESPONSIBILITIES

CFR(s): 493.1445(e)(13)

(e)(13) Ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills;

This STANDARD is not met as evidenced by:

Based on a review of the Testing Personnel (TP) competency assessment records and an interview with the General Supervisor (GS), the Laboratory Director (LD) and the General Supervisor (GS), the laboratory failed to perform competency assessments as per laboratory policy and procedures for 11 of the 11 Immunohematology-Blood Bank (BB) TP. The findings include: 1. A review of the TP competency assessment record revealed the TP completed their own annual competency assessment for BB testing. In addition, the completed form did not include the grade achieved during the evaluation and there were no established procedures for monitoring when remedial training was required. 2. During exit conference on 12-08-2025 at 4:22 PM, the GS confirmed the above findings.