

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D2151731	(X3) Date Survey Completed 04/20/2021
Name of Provider or Supplier Urgent Care For Children-Trussville	Street Address, City, State 117 N Chalkville Road, Trussville, 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
D6029	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(11)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(11) Ensure that prior to testing patients' specimens, all personnel have the appropriate education and experience, receive the appropriate training for the type and complexity of the services offered, and have demonstrated that they can perform all testing operations reliably to provide and report accurate results.</p> <p>This STANDARD is not met as evidenced by: Based on a review of personnel records and an interview with the technical consultant and laboratory director, the surveyor determined the laboratory director failed to ensure the testing personnel of moderate complexity testing presented with the appropriate educational credentials, prior to performing patient testing (Complete Blood Count testing). This affected 2 of 5 Testing Personnel (TP). The findings include: 1. A review of the personnel records revealed no educational credentials for the following two testing personnel: a) TP #2 (Date of Hire, 9/2020) was listed on the CMS form 209 (Personnel Form) and trained on 10/7/2020 on the OLO (Hematology analyzer). However, the personnel did not have educational documentation or verification on file. b) TP #5 (Date of Hire, 7/2020) was listed on the CMS form 209 as personnel who performs moderate complexity testing (No documentation of training was provided). The laboratory did not provide any documentation of educational credentials. 2. During an interview on 4/20/2021 at 11:25 AM, the technical consultant and laboratory director confirmed the above noted findings.</p>
D6053	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</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.

This STANDARD is not met as evidenced by:

Based on a review of the personnel records and an interview with the technical consultant and the laboratory director, the surveyor determined the technical consultant failed to semi-annually assess the competency of two testing personnel, who perform Complete Blood Count (CBC) testing (moderate complexity). This affected 2 of 5 testing personnel (TP). The findings include: 1. A review of the personnel records revealed the following personnel without documentation the technical consultant performed a semiannual competency assessment: a) TP #3 (Date of Hire, 9/7/2020; training 9/30/2020); no semiannual competency assessment. b) TP #5 (Date of Hire, 7/2020; no training documentation); no semiannual competency assessment. 2. In an interview on 4/20/2021 at 11:25 AM, the laboratory director stated although all of the personnel, listed on the Personnel Form (CMS 209), were trained on the OLO (Hematology analyzer), only TP #2 and #3 usually used the OLO. The laboratory director also stated any of the personnel could potentially need to run the instrument. The technical consultant (technical consultant since July 2020) confirmed she had not done the semiannual competency assessments for the above noted testing personnel.

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 the technical consultant and the laboratory director, the surveyor determined the technical consultant failed to assess the competency of Testing Personal (TP) #4 on an annual basis. TP #4 was listed on the Laboratory Personnel Form (CMS #209) as testing personnel who perform moderate complexity testing (Complete Blood Count testing). This affected 1 of 5 testing personnel. The findings include: 1. TP #4, testing personnel who previously qualified at the last survey on January 31, 2019, had documentation of initial training dated 9/10/2018, and an initial competency assessment, dated 10/10/2018. The technical consultant did not perform annual competency assessments in 2019 or 2020 for TP #4. 2. In an interview on 4/20/2021 at 11:25 AM, the technical consultant (technical consultant since July 2020) confirmed the laboratory consultant staff had not done the annual competency assessments for 2019 and 2020 for the above noted testing personnel. The laboratory director was present for the interview.