Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0468338	(X3) Date Survey Completed 01/23/2025
Name of Provider or Supplier Baxter Health Fulton County Hospital	**Street Address, City, State** 679 N Main St, Salem, AR	

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
D5209	PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235 As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency. This STANDARD is not met as evidenced by: Through review of the CMS 209 form, personnel records, and interview conducted on 1/22/2025 it was determined that the competency of the testing personnel was not assessed by the laboratory director on an annual basis. Findings follow: A) Review of certified respiratory therapist (CRT) personnel files on the CMS 209 form, six of seven testing personnel revealed that the annual evaluation of the competency of the testing personnel was documented only once dated May 2023 and no other documentation of testing personnel competency was presented. B) Upon request, the laboratory was unable to provide other competency evaluations of the CRT testing personnel on the CMS 209 form, no 2024 competency evaluation identified above. C) In an interview on 1/22/2025 at 8:53 a.m. the technical supervisor (TS) number one on the CMS 209 form, said that no other competency evaluations were present and available. D) Review of Technical Consultant (TC) personnel files on the CMS 209 form, two of two personnel revealed that the annual evaluation of the TC competency was not documented for 2023 and 2024. E) Upon request, the laboratory was unable to provide other competency evaluations of the TC personnel on the CMS 209 form. F) In an interview on 1/22/2025 at 8:53 a.m. the technical consultant (TC) number one on the CMS 209 form, said that no other competency evaluations were present and available.
D5407	PROCEDURE MANUAL CFR(s): 493.1251(d)

	(d) Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use. This STANDARD is not met as evidenced by: Through a review of the laboratory procedure manual, lack of documentation, and interviews with laboratory staff, it was determined the laboratory director failed to approve, sign, and date all the laboratory procedures. Survey findings include: A. During a review of the laboratory procedures, it was determined the procedure manual and individual procedures lacked the director's approval signature and date of approval. B. In an interview at 08:48 1/22/2025, Technical Consultant #1 (as listed on the form CMS-209) confirmed the laboratory director's written approval of the laboratory procedures was not available.