

|  |   |   |
|--|---|---|
| <b>Statement of Deficiencies</b>   | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>04D0692790      | <b>(X3) Date Survey Completed</b><br><br>02/22/2023 |
| <b>Name of Provider or Supplier</b><br><br>Uams Cancer Institute Dermatology Oncology Clinic                               | <b>Street Address, City, State</b><br><br>4301 West Markham St, Little Rock, AR |   |
| 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>D5209</b>              | <p><b>PERSONNEL COMPETENCY ASSESSMENT POLICIES</b><br/>CFR(s): 493.1235</p> <p>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.</p> <p>This STANDARD is not met as evidenced by:<br/>Through review of the CMS 209 form, personnel records, and interview conducted on 2/22/2023 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 personnel files for two of two testing personnel revealed that the annual evaluation of the competency of the testing personnel (number two on the CMS 209 form) was documented only once dated May 2021 and no other documentation of testing personnel competency was presented. B) Upon request, the laboratory was unable to provide other competency evaluations of the testing personnel (number two on the CMS 209 form) subsequent to the evaluation identified above. C) In an interview on 2/22/2023 at 9:37 a.m. the testing personnel (number two on the CMS 209 form) said that no other competency evaluations were present and available.</p> |
| <b>D5217</b>              | <p><b>EVALUATION OF PROFICIENCY TESTING PERFORMANCE</b><br/>CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by:<br/>Through a review of proficiency test results of 2021 and 2022, lack of documentation, as well as interviews with laboratory director, it was determined the laboratory failed</p>  |

to document evaluation of proficiency testing performance in the general laboratory systems. Survey findings follow: A. The laboratory failed to produce records proficiency testing for of 2021 and 2022. B. The surveyor requested documentation of for proficiency testing for of 2021 and 2022, no documentation was provided. C. In an interview on 2/22/2023 at 9:26 A.M., Laboratory Director confirmed that no Proficiency Testing are recorded.

**D6107**

**LABORATORY DIRECTOR RESPONSIBILITIES**  
CFR(s): 493.1445(e)(15)

The laboratory director must specify, in writing, the responsibilities and duties of each consultant and each supervisor, as well as each person engaged in the performance of the preanalytic, analytic, and postanalytic phases of testing, that identifies which examinations and procedures each individual is authorized to perform, whether supervision is required for specimen processing, test performance or result reporting and whether supervisory or director review is required prior to reporting patient test results.

This STANDARD is not met as evidenced by:  
Based upon review of personnel records, lack of documentation, and interview it was determined that the laboratory director failed to specify in writing the examinations and procedures that personnel are authorized to perform for two of two testing personnel for which records were presented. Findings follow: A) Upon review, personnel files for testing personnel (numbers 2 and 3 on form CMS-209) did not contain written authorization by the laboratory director to perform procedures and examinations. B) Upon request, the laboratory was unable to provide written authorization by the laboratory director to perform procedures and examinations for testing personnel identified as numbers 2 and 3 on form CMS-209. C) In an interview on 2/22/23 at 09:37 a.m., testing personnel (numbers 2 and 3 on form CMS-209) when asked if other personnel records were available for review stated, " All records are in the personnel binder".