

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0719487	(X3) Date Survey Completed 02/24/2021
Name of Provider or Supplier North Hills Surgery Center	Street Address, City, State 3271 North Wimberly Drive, Ste 1, Fayetteville, 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
D5407	<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: Through a review of the laboratory procedure manual, lack of documentation, and interviews with staff, it was determined the laboratory procedure manual and the IQCP for moderately complex serum Hcg testing had not been approved, signed, and dated by the current laboratory director. Survey findings follow: A) Review of the laboratory procedure manual revealed that it did not include an approval signature or signed date by the current laboratory director. B) Review of the IQCP for the moderately complex serum Hcg test revealed that it did not include an approval signature or signed date by the current laboratory director. C) In an interview at 10:15 AM on 02/24/21, laboratory employee #23 (as listed on the form CMS-209) confirmed the procedure manual and IQCP for serum Hcg testing had not been approved, signed, and dated by the laboratory director.</p>
D6046	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8)</p> <p>(b) The technical consultant is responsible for-- (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.</p> <p>This STANDARD is not met as evidenced by: Through a review of personnel records and an interview with laboratory staff, it was determined the technical consultant failed to evaluate the competency of ten of ten</p>

testing personnel whose records were reviewed in the survey. Survey finding follow:

A) Review of the competency assessment records of laboratory staff members, identified as numbers 1,2,3,7,12,13,14,15,16,and 19 on the CMS 209 form, revealed that none of the competencies were signed as performed by the technical consultant and all were signed as "Validator Signature" by other laboratory personnel lacking the qualifications of a technical consultant. B) In an interview on 2/24/21 at 10:15 AM the laboratory staff member, identified as number 1 on the CMS 209 form, stated that testing personnel in the laboratory validate the competency assessment for one another on a reciprocal basis. C) In an interview on 2/24/21 at 10:15 AM the technical consultant, identified as number 23 on the CMS 209 form, confirmed that the competencies were not performed or reviewed by the technical consultant and that the signatories as "validators" lacked the qualifications as technical consultants.