Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D1034085	01/30/2019
Name of Provider or Supplier	**Street Address, City, State**	
Premier Dermatology Pllc	901 Se Plaza Ave, Suite 5, Bentonville, 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 lack of documentation and interview it was determined that the laboratory failed to assess the competency to perform testing for one of five personnel who perform and report patient testing. Findings follow: A. Upon request, the laboratory was unable to provide annual competency assessment for personnel identified as number four on the CMS 209 form. B. Review of patient medical records revealed that the personnel identified as number four on the CMS 209 form performed and reported KOH preparation testing on the patient identified as number one on a separate patient identification list on 1/23/19. C. In an interview on 1/30/19 at approximately 1400, the histology supervisor identified as number two on the CMS 209 form confirmed that the personnel identified above routinely performs and reports KOH testing and that annual competency assessments had not been performed and documented.
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: Through review of the CMS 209 form, patient result reports, test logs, lack of documentation and interview it was determined that the laboratory director failed to identify which examinations and procedures personnel are authorized to perform for five of five personnel listed on the CMS 209 form who perform patient testing. Findings follow: A. Upon request, the laboratory was unable to provide authorization to test for personnel listed as numbers one through five inclusive on the CMS 209 form. B. Review of testing logs for KOH preparations revealed that the testing personnel identified as numbers one, four and five on the CMS 209 form performed and reported KOH preparations. C. Review of patient charts revealed that personnel identified as numbers two and three performed and reported gross tissue examinations on pathology reports. D. In an interview on 1/30/19 at approximately 1400, the histology supervisor identified as number two on the CMS 209 form stated that the personnel identified as numbers two and three on the CMS 209 form performed and reported gross tissue descriptions on pathology reports and that personnel identified as numbers one, four and five perform and report KOH preparation examinations and that all personnel lack written authorization from the laboratory director for performing testing.