

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  06D0516925	<b>(X3) Date Survey Completed</b>  10/03/2024
<b>Name of Provider or Supplier</b>  Keefe Memorial Health Services District	<b>Street Address, City, State</b>  602 N 6th St W, Cheyenne Wells, CO	
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> 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: Based on review of the laboratory's personnel records, policies and procedures manual, and an interview with the laboratory's general supervisor 2 (GS2), the laboratory failed to document the initial competency of testing personnel (TP); assess or establish a written policy or procedure for assessing the competency of personnel in the positions of technical supervisor (TS) and general Supervisor (GS). The laboratory conducts approximately 157,470 tests annually. Findings include: 1. A review of the laboratory's personnel files revealed the laboratory was assessing semi-annual and annual competency for TP, but not assessing initial TP competency. 2. A review of the laboratory's policies and procedures manual revealed the laboratory was assessing semi-annual and annual competency for TP, but not assessing initial TP competency. 3. A review of the laboratory's policies and procedures manual revealed that the laboratory failed to assess the competency of, or establish a written policy or procedure for assessing the competency for one of one TS, and two out of two of the GS listed on the CMS-209 form. 4. Based on an interview with GS2, on October 2, 2024, at approximately 11:00 AM, confirmed that the laboratory failed to assess the competency of, or establish a written policy or procedure for assessing the competency of TP after completing their initial training, and failed to assess the competency of, or establish a written policy or procedure to assess the competency of personnel in the positions of TS, and GS.</p>
<b>D5407</b>	<p><b>PROCEDURE MANUAL</b> CFR(s): 493.1251(d)</p>

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:

Based on review of the laboratory's policies and procedures manual, and an interview with general supervisor 1 (GS 1), general supervisor 2 (GS 2), and the laboratory director (LD), the LD failed to ensure that the laboratory's policies and procedures manual for chemistry, hematology, microbiology and blood bank had been approved, signed, and dated by the current LD before use in the laboratory since the LD was hired in January of 2024. The laboratory performs approximately 157,470 tests annually. Findings include: 1. A review of the laboratory's policies and procedures manual for chemistry, hematology, microbiology and blood bank revealed that the current LD had not approved, signed, or dated the laboratory's policies and procedures prior to their use in the laboratory since the current LD started in January of 2024. 2. Based on an interview with GS 1 on October 2, 2024, at approximately 10:15 AM, confirmed that the current LD had not reviewed, signed, and dated the laboratory's policies and procedures manual for chemistry, hematology, microbiology, and blood bank prior to their use in the laboratory since the current LD started in January of 2024. 3. Based on an interview with GS 2 on October 2, 2024, at approximately 10:00 AM, confirmed that the current LD had not reviewed, signed, and dated the laboratory's policies and procedures manual for chemistry, hematology, microbiology, and blood bank prior to their use in the laboratory since the current LD started in January of 2024. 4. Based on an interview with the LD on October 2, 2024, at approximately 1:05 PM, confirmed that the current LD had not reviewed, signed, and dated the laboratory's policies and procedures manual for chemistry, hematology, microbiology, and blood bank prior to their use in the laboratory since their employment started in January of 2024.