

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  06D0860516	<b>(X3) Date Survey Completed</b>  02/15/2024
<b>Name of Provider or Supplier</b>  Steamboat Medical Group	<b>Street Address, City, State</b>  1475 Pine Grove Rd, Ste 102, Steamboat Springs, 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 policies and procedures manual, and an interview with the general supervisor (GS), the laboratory failed to assess the competency of testing personnel (TP) after their initial competency but within their first 6 months of employment; assess or establish a written policy or procedure for assessing the competency of personnel in the positions of Clinical Consultant (CC), Technical Consultant (TC), and General Supervisor (GS) since the laboratory's last survey on 12/02/2020. The laboratory conducts approximately 3,657 tests annually. Findings include: 1. A review of the laboratory's personnel files, and policies and procedures manual, revealed the laboratory was assessing initial and annual competency on newly hired TP, but not assessing competency at least 6 months after initial competency was assessed, nor had established a policy or procedure to assess competency of newly hired TP at least 6 months after their initial competency was assessed. 2. 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 out of one of the CC, one out of one of the TC, and one out of one GS listed on the CMS-209 Form since the last survey was conducted on 12/02/2020. The laboratory conducts approximately 3,657 tests annually. 3. Based on an interview with the GS, on February 15, 2024, at approximately 12:30 PM, confirmed that the laboratory failed to assess the competency of or establish a written policy or procedure for assessing the competency within 6 months of newly hired TP after completing their initial competencies, and failed to assess the competency of, or</p>

establish a written policy or procedure to assess the competency of personnel in the positions of CC, TC, and GS.

**D5407**

**PROCEDURE MANUAL**  
CFR(s): 493.1251(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:  
Based on review of the laboratory's policies and procedures manual, and an interview with the general supervisor (GS), the laboratory director (LD) failed to ensure that the laboratory's policies and procedures manual for quality assurance, chemistry, hematology, and microbiology had been approved, signed, and dated by the current LD before use since the laboratory's last survey on 12/02/2020. The laboratory conducts a total of approximately 3,697 tests annually. Findings include: 1. A review of the laboratory's policies and procedures manual for quality assurance, chemistry, hematology, and microbiology revealed that the current LD had not approved, signed, or dated the laboratory's policies and procedures prior to their use in the laboratory. 2. Based on an interview with the GS on February 15, 2024, at approximately 11:45 AM, confirmed that the current LD had not reviewed, signed, and dated the laboratory's policies and procedures manual for quality assurance, chemistry, hematology, and microbiology prior to their use in the laboratory.