Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	06D2108161	06/21/2018
Name of Provider or Supplier	**Street Address, City, State**	
Urgent Care - Lakewood	12105 W Alameda Pkwy, Ste 100, Lakewood, CO	

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: Based on a review of the quality assessment (QA) plan, personnel competency assessment records, and staff interview, the laboratory failed to follow their written policy in 2017 to assess the competency of all testing personnel who perform complete blood count (CBC) testing using the Medonic M Series hematology analyzer and approximately 1135 patients are tested annually. Findings include: a. The QA plan states that competency will be performed twice in the first year of employment and annually thereafter and will be documented. b. No competency assessment records existed to show 5 of 10 testing personnel (#3, 5, 9, 10 and 11) were evaluated for competency in 2017. c. Staff confirmed during the onsite survey on 6/21/18 at around 10:30 am, the laboratory failed to follow their QA plan and did not evaluate testing personnel for competency in 2017.
D5221	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d) All proficiency testing evaluation and verification activities must be documented. This STANDARD is not met as evidenced by: Based on a review of the laboratory's written policies, proficiency testing (PT) records, and staff interview, the laboratory failed to review and evaluate unsatisfactory PT results received in 2017. Findings include: a. The laboratory's

	policy for proficiency testing states, "Any unsatisfactory results will be investigated and documented by the QA Manager and verified by the Lab Director. All records will be kept in the Proficiency Testing Manual." b. Records showed an unsatisfactory PT score of 40% was received for the 2nd event of 2017 for hematocrit (HCT) in the specialty of Hematology. c. No investigation was documented to identify the root cause of this PT failure and prevent its recurrence. d. Staff confirmed on 6/21/18 at around 10:30 am, the laboratory did not review and evaluate unsatisfactory PT results received in 2017.
D6046	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8) (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. This STANDARD is not met as evidenced by: Based on a review of the quality assessment (QA) plan, personnel competency assessment records, and staff interview, the technical consultant failed in 2018 to evaluate the competency of all testing personnel who perform moderate complexity testing using the Medonic M Series hematology analyzer and approximately 1135 patients are tested annually. Findings include: a. The QA plan states competency assessments will be directly observed by the Laboratory Director in conjunction with the Clinic Lead. b. Competency assessment records for 2018 showed 10 of 10 testing personnel (#2, 3, 4, 5, 6, 7, 8, 9, 10 and 11 on Form CMS-209) were evaluated on 6/18 /18 by a testing personnel not qualified to be a technical consultant. c. On 6/21/18 at around 10:30 am, staff confirmed the 2018 competency assessments were not performed by a qualified technical consultant.