Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2054255	(X3) Date Survey Completed 11/15/2018
Name of Provider or Supplier Digestive Health Associates Pa	**Street Address, City, State** 7558 Sw 61st Ave, Ocala, FL	
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 record review and interview with the Laboratory Manager the laboratory failed to perform competency assessments on 1 out of 1 Clinical Consultant and 1 (#A) out of 2 (#A, #B) Testing Person for 2 out of 2 years (2017-2018) reviewed. Findings Included: Review of the the CMS 209 revealed 1 Clinical Consultant and 2 Testing Personnel (#A and #B). Review of competency evaluations revealed no competency evaluations for the Clinical Consultant or Testing Person #A. During an interview on 11/15/18 at 2:00 PM the Laboratory Manager confirmed that competency evaluations had not been performed for the Clinical Consultant and Testing Person #A.