

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 11D0945324	<b>(X3) Date Survey Completed</b> 04/23/2025
<b>Name of Provider or Supplier</b> Blood Gas Lab Of Evans Memorial Hospital, Inc	<b>Street Address, City, State</b> 200 North River Street, Claxton, GA	
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>D0000</b>	A recertification survey was performed on .April 23, 2025. The facility was found to be NOT in compliance with all applicable CLIA requirements for specialties /subspecialties for 42 CFR.
<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: Review of the Laboratory Standard Operations Policies (SOP), and staff interview, the Laboratory failed to provide a policy for assessing testing personnel (TP). Findings: 1. Review of the Standard Operations Policy and Procedures revealed that there was not a written procedure for performing competency assessment of Laboratory Testing Personnel (TP). 2. Document review of the competency assessment for the 11 TP listed on the CMS 209 form, revealed there were 5 TP hired on or after 5/8/2024, 4 out of 5 did not have documentation of a six month competency assessment. TP-1 Was hired 7/1/2024 Initial 8/2024 no six month assessment TP-6 Was hired 5/8/2024 Initial 8/2024 no six month assessment TP-7 Was hired 1/15/2025 Initial 3/2025 Not due until 9/25 TP-8 Was hired 7/24/2025 Initial 8/2024 no six month assessment TP-11 Was hired 6/18/2024 Initial 8/2024 no six month assessment 3. Interview with the General Supervisor on 4/23/2025 at approximately 2 pm in the dining room, confirmed the aforementioned statement.</p>
<b>D6029</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(11)</p> <p>(e)(11) Ensure that prior to testing patients specimens, all personnel have the</p>

appropriate education and experience, receive the appropriate training for the type and complexity of the services offered, and have demonstrated that they can perform all testing operations reliably to provide and report accurate results;

This STANDARD is not met as evidenced by:

Review of the Laboratory Standard Operations Policies (SOP), and staff interview, the Laboratory Director failed to provide a policy for assessing testing personnel (TP).

Findings: 1. Review of the Standard Operations Policy and Procedures revealed that there was not a written Procedure for performing competency assessment of Laboratory Testing Personnel (TP). Following the required training and competency assessment of Initial training, bi-annual training every 6 months from hire date for the first full year of employment, and yearly thereafter. 2. Document review of the competency assessment of the eleven (11) TP listed on the CMS 209 form, revealed there were five (5) TP hired on or after 5/8/2024, four (4) did not have documentation of a six month competency assessment. TP-1 Was hired 7/1/2024 Initial 8/2024 no six month assessment TP-6 Was hired 5/8/2024 Initial 8/2024 no six month assessment TP-7 Was hired 1/15/2025 Initial 3/2025 Not due until 9/25 TP-8 Was hired 7/24/2025 Initial 8/2024 no six month assessment TP-11 Was hired 6/18/2024 Initial 8/2024 no six month assessment 3. Interview with the General Supervisor on 4/23/2025 at approximately 2:15 pm in the dining room, confirmed the aforementioned statement.

**D6127**

**TECHNICAL SUPERVISOR RESPONSIBILITIES**

CFR(s): 493.1451(b)(9)

(b)(9) Evaluating and documenting the performance of individuals responsible for high complexity testing at least semiannually during the first year the individual tests patient specimens.

This STANDARD is not met as evidenced by:

Based on review of the competency assessment documents for the eleven (11) Testing Personnel (TP) listed on the Centers for Medicare and Medicaid Services (CMS) form (209), the Laboratory Director (LD) acting as the Technical Supervisor (TS) failed to perform semiannual competency evaluations for four (4) out of the five (5) TP hired since 5/8/2024. Findings: 1. Document review of the competency assessment of the eleven (11) TP listed on the CMS 209 form, revealed there were five (5) TP hired on or after 5/8/2024, four (4) out of five (5) did not have documentation of a six month competency assessment. TP-1 Was hired 7/1/2024 Initial 8/2024 no six month assessment TP-6 Was hired 5/8/2024 Initial 8/2024 no six month assessment TP-7 Was hired 1/15/2025 Initial 3/2025 Not due until 9/25 TP-8 Was hired 7/24/2025 Initial 8/2024 no six month assessment TP-11 Was hired 6/18/2024 Initial 8/2024 no six month assessment 2. Interview with the General Supervisor on 4/23/2025 at approximately 2 pm in the dining room, confirmed the aforementioned statement.