

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D1032456	(X3) Date Survey Completed 11/17/2022
Name of Provider or Supplier Augusta State Medical Prison	Street Address, City, State 3001 Gordon Highway, Grovetown, GA	
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
D0000	A Clinical Laboratory Improvement Amendments (CLIA) recertification survey was completed on November 17, 2022. The laboratory was not in compliance with applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. The following deficiencies were cited:
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES 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 laboratory competency policy review and staff interview, competencies were not performed on 1 out of 1 Testing Personnel per policy requirement. The Findings include: 1. Competency document review revealed competency was not performed on 1 out of 1 Testing Personnel (TP) for 2021 as required by policy. 2. During an interview on November 17, 2022, with the Testing Personnel#1 (CMS-209), at approximately 12:45 PM, in an office, near the laboratory, confirmed the lack of competency assessment in 2021 for the Testing Personnel.</p>
D6030	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(12)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(12) Ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical</p>

phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills;

This STANDARD is not met as evidenced by:

Based on review of testing personnel (TP) documents and staff interview, the Laboratory Director(LD) failed to ensure the Testing Personnel (TP) competency was performed. The Findings include: 1. Competency document review revealed that the Laboratory Director failed to perform the Testing Personnel (TP) competency for 2021. 2. During an interview with the Testing Personnel#1(CMS-209) on November 17, 2022 at approximately 12:45 PM, in an office near the laboratory, confirmed that the Laboratory Director(LD) did not perform a competency assessment on the Testing Personnel (TP) for 2021.