

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D0056658	(X3) Date Survey Completed 02/26/2025
Name of Provider or Supplier Boundary Community Hospital	Street Address, City, State 6640 Kaniksu St, Bonners Ferry, ID	
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	<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 a review of the Centers for Medicare and Medicaid Services (CMS) 209 personnel form, laboratory procedures, training and competency assessment records and an interview with the laboratory manager on 2/25/2025, the laboratory failed to follow written policies and procedures to assess testing personnel competency in 2024. The findings include: 1. The CMS 209 identified six (6) testing personnel (TP) performing testing of which two (2) were new since the last inspection on 2/7/2023. 2. A review of laboratory procedures identified that the laboratory established policies and procedures to assess TP initial training, semiannual and annual competency. 3. A review of training and competency assessment records identified that the laboratory failed to have six month competency assessments for one (1) of two (2) TP in 2024. 4. An interview with the laboratory manager on 2/25/2025 at 9:35 am confirmed the above findings. 5. The laboratory reports performing 110,000 tests annually.</p>