

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D0520357	(X3) Date Survey Completed 04/11/2018
Name of Provider or Supplier Pocatello Children's Clinic	Street Address, City, State 1151 Hospital Way Bldg F, Pocatello, 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 record review of personnel documents and an interview with the general supervisor, the laboratory failed to establish and follow procedures to assess the technical supervisor competency since the last survey on July 14, 2016. Findings: 1. A review of personnel documents and laboratory procedures and policies, revealed the laboratory failed to establish in writing and assess the competency for the technical supervisor listed on the CMS-209 Personnel Report form. 2. An interview on April 11, 2018 at 10:30 AM, with the general supervisor, confirmed the laboratory failed to establish and assess the competency for the technical supervisor.</p>
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p>

This STANDARD is not met as evidenced by:
Based on a record review of final patient reports and an interview with the general supervisor, the laboratory failed to indicate the name and the address of the reference laboratory where laboratory tests were reported on patients for the period reviewed in February 2018. Findings: 1. A review of patient laboratory test reports revealed the name and the address of the reference laboratory where tests were performed failed to be included on the patient's test reports. 2. An interview on April 11, 2018, at 10:00 AM, with the general supervisor, confirmed the name and the address of the reference laboratory as failed to be indicated on patient laboratory reports.

D6170

TESTING PERSONNEL QUALIFICATIONS
CFR(s): 493.1489(a)

Each individual performing high complexity testing must possess a current license issued by the State in which the laboratory is located, if such licensing is required.

This STANDARD is not met as evidenced by:
Based on personnel qualifications and an interview with the general supervisor, the laboratory failed to ensure the high-complexity testing personnel were qualified to perform complete blood counts (CBC) atypical cell identification since the last survey on July 14, 2016. Findings: 1. A record review of personnel diplomas, revealed 2 out of 4 testing personnel failed to meet the qualifications for high-complexity testing since the last survey. 2. An interview on April 11, 2018, at 8:15 AM, with the general supervisor, confirmed that 2 testing personnel failed to meet the personnel qualifications for high-complexity testing.