

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D0520463	(X3) Date Survey Completed 12/06/2024
Name of Provider or Supplier Bear Lake Memorial Hospital	Street Address, City, State 164 S 5th St, Montpelier, 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 policies, competency assessment records and an interview with the laboratory manager on 12/5/2024, the laboratory failed to follow written policies to assess new testing personnel and failed to have a policy to address supervisor competency assessments. The findings include: 1. A review of the CMS 209 form identified one new testing personnel, two technical supervisors and three general supervisors. 2. The laboratory did not have a policy or procedure in place to assess technical supervisor and general supervisor competency. 3. A review of competency assessments identified the laboratory failed to have a six month competency assessment for one of one new testing personnel in 2023. The laboratory failed to provide documentation of competencies for two of two technical supervisors and three of three general supervisors. 4. An interview with the laboratory manager on 12/5/2024 at 8:58 am confirmed the above findings. 5. The laboratory reports performing 144,667 tests annually.</p>
D5401	<p>PROCEDURE MANUAL CFR(s): 493.1251(a)</p> <p>A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens.</p>

This STANDARD is not met as evidenced by:

Based on review of the laboratory's policies and procedures and interview with the laboratory manager on 12/6/2024, the laboratory failed to establish and follow a policy for urine sediment examinations. The findings include: 1. A review of the laboratory policies and procedures identified that the laboratory failed to have a procedure for urine sediment examinations for testing personnel to follow. 2. An interview with the laboratory manager on 12/6/2024 at 8:09 am confirmed that they did not have a policy for urine sediment examinations. 3. The laboratory reports performing 829 urine sediment examinations annually.