

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D0705352	(X3) Date Survey Completed 09/21/2021
Name of Provider or Supplier Seasons Medical	Street Address, City, State 37 South 2nd East, Rexburg, 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 training documentation, competency assessments, the Centers for Medicare and Medicaid Services (CMS) 209 personnel form and an interview with the laboratory technical consultant (TC) on 9/21/2021, the laboratory failed to establish and follow written policies and procedures to assess testing personnel in accordance with 42 C.F.R. 493.1413(b)(7)(8) for 2020. The findings include: 1. A review of training and competency assessment records identified two (2) of 16 testing personnel listed on the CMS 209 failed to have documentation of annual competency which included the six parameters as listed in 493.1413(b)(8) for 2020. 2. An interview with the TC on 9/21/2021 at 1:45 pm confirmed that there were no competency assessments for two (2) of 16 testing personnel for 2020. 4. The laboratory reports performing 2,277 tests annually.</p>