

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D2027091	(X3) Date Survey Completed 01/11/2024
Name of Provider or Supplier Arthritis Specialty Center	Street Address, City, State 1448 E Center St #B, 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 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 general supervisor on 1/11/2024, the laboratory failed to establish and follow written policies and procedures to assess employee competency. The findings include: 1. The CMS 209 identified three (3) testing personnel (TP) performing moderate and high complexity testing. 2. A review of laboratory procedures identified that the laboratory failed to establish policies or procedures to assess TP initial, semiannual and annual competency and competency of the general supervisor (GS) and technical supervisor (TS). 3. A review of training and competency assessment records identified that the laboratory failed to have an annual competency assessments for one (1) of one (1) TP in 2023. 4. A review of training and competency assessment records identified that the laboratory failed to have six month competency assessments for two (2) of two (2) TP in 2023. 5. A review of training and competency assessment records identified that the laboratory failed to have competency assessments for the GS and TS in 2022 and 2023. 6. An interview with the general supervisor on 1/11/2024 at 8:53 am confirmed the above findings. 7. The laboratory reports performing 166,075 moderate and high complexity tests annually.</p>
D6106	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(14)</p>

The laboratory director must ensure that an approved procedure manual is available to all personnel responsible for any aspect of the testing process.

This STANDARD is not met as evidenced by:

Based on review of laboratory documents, a lack of a policy and procedure manual and an interview with the general supervisor (GS) on 1/11/2024, the Laboratory Director (LD) failed to ensure that there was a laboratory policies and procedures manual for testing personnel to follow. The findings include: 1. A review of the laboratory documents and a lack of a procedure manual identified that the LD failed to ensure a procedure manual that included but not limited to a competency, proficiency, quality assurance, specimen collection and rejection, quality control and critical values procedures were available for testing personnel to follow. 2. An interview with the GS on 1/11/2024 at 12:28 pm confirmed that the LD failed to ensure that the laboratory had a policy and procedure manual to follow. 3. The laboratory reports performing 166,075 moderate and high complexity tests annually.