

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 15D0647560	(X3) Date Survey Completed 08/08/2022
Name of Provider or Supplier Twin Rivers Medical Laboratory, Inc	Street Address, City, State 902 W Broadway, Logansport, IN	
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 lack of documentation and interview, the laboratory failed to establish a written policy and procedure to assess employee competency for six of six testing personnel (SP1-SP6). Findings include: 1. Review of policies and procedures provided for the survey indicated that a policy on employee competency had not been established. 2. Review of the form CMS 209 "Laboratory Personnel Report (CLIA)", signed by the laboratory director on 7/26/2022, indicated there are six employees who perform laboratory testing (SP1-SP6). 2. On 08/08/22 at 12:50 pm, upon request for a copy of the laboratory's written competency policy, SP-1 (laboratory Owner/ General Supervisor) acknowledged the laboratory did not have a written policy.</p>