

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  18D0875591	<b>(X3) Date Survey Completed</b>  07/16/2024
<b>Name of Provider or Supplier</b>  Paducah Dermatology	<b>Street Address, City, State</b>  3101 Parisa Drive, Paducah, KY	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	A Recertification Survey was conducted on 07/16/2024. The facility was found not to be in compliance with the laboratory requirements of 42 CFR Part 493 with deficiencies cited.
<b>D6127</b>	<p><b>TECHNICAL SUPERVISOR RESPONSIBILITIES</b> CFR(s): 493.1451(b)(9)</p> <p>The technical supervisor is responsible for evaluating and documenting the performance of individuals responsible for high complexity testing at least semiannually during the first year the individual tests patient specimens.</p> <p>This STANDARD is not met as evidenced by: Based on document review and confirmed in staff interview, the laboratory failed to perform semiannual competency evaluation during the first year for 1 of 5 staff who held the position of Testing Personnel (TP). Findings included: Review of the "Laboratory Personnel Report," signed by the Laboratory Director (LD) and dated 07/10/2024, revealed the laboratory had five individuals who held the position of TP. TP #4's competency assessment revealed the initial assessment was conducted on 10/11/2023. There was no documentation provided by the laboratory to indicate TP #4 had a semiannual competency assessment. During an interview on 07/16/2024 at 11:15 AM, the Clinical Manager (CM) stated TP #4 was hired in October 2023. The CM stated TP #4's initial evaluation was conducted in October 2023, but a six-month competency was not conducted as it was an oversight. During an interview at 07/16/2024 at 1:15 PM, the LD stated he was responsible for oversight over all laboratory activities to include employee competency. The LD acknowledged there should have been a semiannual evaluation of TP #4.</p>