

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D0462788	(X3) Date Survey Completed 10/17/2024
Name of Provider or Supplier Dermatology Clinic, The	Street Address, City, State 5326 O'Donovan Drive, Baton Rouge, LA	
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
D0000	A Recertification survey was performed at Dermatology Clinic-CLIA ID 19D0462788 on October 17, 2024. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard level deficiencies were cited.
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 review of the laboratory's policies and personnel records as well as interview with laboratory personnel, the laboratory failed to establish a complete written competency assessment policy for Clinical Consultant, Technical Consultant, Technical Supervisor, and General Supervisor. Findings: 1. Review of the laboratory's "Quality Assessment Plan" policy revealed the laboratory did not include performance of competency assessment for Clinical Consultant, Technical Consultant, Technical Supervisor, and General Supervisor. 2. Review of personnel records revealed competency assessments for the following personnel were not performed: a) Personnel 2- Clinical Consultant and Technical Consultant b) Personnel 3 - Technical Supervisor c) Personnel 4 - General Supervisor 3. In interview on October 17, 2024 at 1:25 p.m. the Histology Supervisor confirmed the laboratory did not have a policy for assessing the competency of the Clinical Consultant, Technical Consultant, Technical Supervisor, and General Supervisor. She also confirmed the laboratory did not have documentation of competency assessment performance for those roles.</p>
D6103	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(13)</p>

The laboratory director must ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills.

This STANDARD is not met as evidenced by:
Based on review of policies, personnel records, and interview with personnel, the Laboratory Director failed to ensure policies and procedures for assessing personnel competency were maintained. Refer to D5209.