

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D0463227	(X3) Date Survey Completed 11/09/2020
Name of Provider or Supplier Desoto Regional Family Medicine	Street Address, City, State 130 Jefferson Street, Mansfield, 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 Certification Survey was performed on November 9, 2020 at DeSoto Regional Family Medicine-Mansfield, CLIA ID # 19D0463227. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard level deficiencies were cited.
D6030	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(12)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(12) 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;</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview with personnel, the Laboratory Director failed to ensure policies and procedures for assessing personnel competency were maintained. Refer to D6054.</p>
D6054	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least annually, after the first year.</p>

This STANDARD is not met as evidenced by:

Based on record review and interview with personnel, the Technical Consultants failed to evaluate competency annually for two (2) of seven (7) testing personnel reviewed. Findings: 1. Review of the laboratory's "Competency Assessment - Procedures and Instructions" policy revealed "Competency Assessment for Testing Personnel: For Non-Waived testing: After an individual has performed his/her duties for one year, competency must be assessed at least annually". 2. Review of testing personnel records revealed the laboratory did not have 2020 annual competency assessments for the following two (2) of seven (7) testing personnel reviewed: a) Testing Personnel 6 b) Testing Personnel 7 3. In interview on November 9, 2020 at 3:45 pm, Technical Consultant 3 stated that both testing personnel are rotating employees from other clinics within their network. Technical Consultant 3 further stated that the annual competencies for both were performed in 2019 but had not been performed for 2020.