Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D0868765	(X3) Date Survey Completed 08/13/2019
Name of Provider or Supplier Hood Memorial Hospital Respiratory Srv	**Street Address, City, State** 301 W Walnut St, Amite, 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 August 13, 2019 at Hood Memorial Hospital-Respiratory, CLIA ID # 19D0868765. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard level deficiencies were cited.
D5209	PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235 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. This STANDARD is not met as evidenced by: Based on record review and interview with personnel, the laboratory failed to ensure written policies and procedures to assess competency for the Clinical Consultant were complete. Findings: 1. Review of the laboratory's policy and procedure manual revealed the laboratory did not include a policy for competency assessment, including frequency, of the Clinical Consultant. 2. Review of personnel records for the Clinical Consultant revealed a competency assessment for their duties was not performed. 3. In interview on August 13, 2019 at 10:54 am, the Laboratory Director stated she did not perform a competency assessment for the Clinical Consultant. The Laboratory Director confirmed the laboratory did not have a policy for competency assessment of the Clinical Consultant. .
D6030	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(12) 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; 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 were established for assessing personnel competency. Refer to D5209.