

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D0976007	(X3) Date Survey Completed 08/29/2024
Name of Provider or Supplier Homer Medical Clinic	Street Address, City, State 104 Morris Circle, Homer, 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 Homer Medical Clinic, CLIA ID 19D0976007 on August 29, 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 laboratory policy, CMS-209 (Laboratory Personnel Report), personnel records and interview with personnel, the laboratory failed to assess competency per laboratory policy for the Clinical Consultant. Findings: 1. Review of laboratory policy "HMC Laboratory Personnel" revealed the following: "A onetime competency will be assessed upon acquiring the role, and will be acceptable until a new Clinical Consultant is put in place". 2. Review of the CMS-209 form revealed Personnel 4 serves as Clinical Consultant. 3. Review of personnel records for Personnel 4 revealed the laboratory did not include a performance of competency assessment for the position of Clinical Consultant. 4. In interview on August 29, 2024 at 11:17 am, the Laboratory Director confirmed the competency assessment for Clinical Consultant was not performed as required.</p>
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</p>

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 review of laboratory policy, personnel records and interview with personnel, the Laboratory Director failed to ensure competency assessment was performed for personnel serving as Clinical Consultant. Refer to D5209.