

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  19D1016329	<b>(X3) Date Survey Completed</b>  06/18/2024
<b>Name of Provider or Supplier</b>  Aw Dermatopathology Service	<b>Street Address, City, State</b>  3715 Prytania St, Suite 306, New Orleans, LA	
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 performed at AW Dermatopathology Service, CLIA ID 19D1016329, on June 18, 2024. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard level deficiencies were cited.
<b>D6103</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1445(e)(13)</p> <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.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's policies, personnel records, and interview with personnel, the Laboratory Director failed to ensure annual competency assessments for three (3) of five (5) testing personnel were performed in 2022 and 2023. Refer to D6128.</p>
<b>D6128</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 annually after the first year, unless test methodology or instrumentation changes, in which case, prior to reporting patient test results, the individual's performance must be reevaluated to include the use of the new test methodology or instrumentation.</p>

This STANDARD is not met as evidenced by:

Based on review of the laboratory's policies, personnel records, and interview with personnel, the Technical Supervisors failed to perform competency assessments annually in 2022 and 2023 for three (3) of five (5) testing personnel reviewed.

Findings: 1. Review of the laboratory's "Assessing competency: Technician" policy revealed "The performance of a technician is evaluated at training, then by a semi-annual evaluation in the first year, and by annual evaluation in the following years." 2. Review of the laboratory's "Assessing competency: Pathologist" policy revealed "Additionally, the pathologists are evaluated yearly, specifically on documented incidence of medicolegal dispute and on any major discrepancies on diagnosis." 3. Review of personnel records revealed the annual competency assessments were not performed for the following personnel: Laboratory Director (pathologist): 2022 and 2023 Testing Personnel 1 (technician): 2022 Testing Personnel 2 (technician): 2022 4. In interview on June 18, 2024 at 9:40 am, Testing Personnel 1 confirmed the 2022 competency assessment for technicians was not performed. 5. In further interview on June 18, 2024 at 10:45 am, Testing Personnel 1 confirmed the laboratory did not have documentation of performance of an annual competency assessment for the Laboratory Director for 2022 and 2023.