

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  19D2016578	<b>(X3) Date Survey Completed</b>  11/05/2019
<b>Name of Provider or Supplier</b>  Northlake Pathology Llc	<b>Street Address, City, State</b>  16061 Doctors Blvd, Hammond, 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 Certification survey was performed on November 5, 2019 at Northlake Pathology, LLC, CLIA ID # 19D2016578. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard level deficiencies were cited.
<b>D5209</b>	<p><b>PERSONNEL COMPETENCY ASSESSMENT POLICIES</b> 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 record review and interview with personnel, the laboratory failed to follow their established competency assessment policy for testing personnel. Findings: 1. Review of the laboratory's "Personnel Competency Evaluation" policy under the "Procedure" section revealed "All new employees will be evaluated twice during the first year of employment and then once a year thereafter." 2. Review of the laboratory's CMS 209 (Laboratory Personnel Report) revealed the Laboratory Supervisor was listed as testing personnel. 3. In interview on November 5, 2019 at 9:40 am, the Laboratory Supervisor stated she performs grossing of samples. The Laboratory Supervisor further stated she was hired in January 2018. 4. Review of personnel records for the Laboratory Supervisor revealed a semi-annual competency assessment, due July 2018, was not performed. 5. In interview on November 5, 2019 at 10:00 am, the Laboratory Supervisor confirmed a semi-annual competency assessment was not performed for her grossing duties.</p>
<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</p>

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 maintained for assessing personnel competency. Refer to D5209.