

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D2052850	(X3) Date Survey Completed 10/24/2018
Name of Provider or Supplier Pathology Group Of La-Cypress Pointe Surgical Hosp	Street Address, City, State 42570 S Airport Road, Hammond, 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 October 24, 2018 at Pathology Group of Louisiana-Cypress Pointe Surgical Hospital, CLIA ID # 19D2052850. 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 record review and interview with personnel, the laboratory failed to establish and follow written policies and procedures to assess competency for testing personnel. Findings: 1. Review of the laboratory's CMS-209 form (Laboratory Personnel Report) revealed the following fifteen (15) personnel serve as testing personnel: Personnel 1-15 2. Review of the laboratory's policy and procedure manual revealed the laboratory did not include the following six (6) procedures as a minimal requirement for assessing the competency of all personnel performing laboratory testing: a) Direct observations of routine patient test performance, including patient preparation, if applicable, specimen handling, processing and testing. b) Monitoring the recording and reporting of test results. c) Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventative maintenance records. d) Direct observation of performance of instrument maintenance and function checks. e) Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples. f) Assessment of problem solving skills. 3. In interview on October 24, 2018 at 9:55 am, Personnel 16 stated the laboratory did not have a policy to assess testing</p>

personnel. Personnel 16 further stated she thought it was not required since doctors are performing the testing.

D6103

LABORATORY DIRECTOR RESPONSIBILITIES

CFR(s): 493.1445(e)(13)

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.

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, and whenever necessary, identify needs for remedial training or continuing education to improve skills. Refer to D5209.