

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  21D2133733	<b>(X3) Date Survey Completed</b>  11/19/2021
<b>Name of Provider or Supplier</b>  Ideal Option Plc	<b>Street Address, City, State</b>  265 Mill Street Suite 100, Hagerstown, MD	
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>D5209</b>	<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 the laboratory director the morning of the survey, the laboratory did not have documentation showing that the clinical consultant had a competency check performed for duties assigned. Findings: 1. The laboratory did not have written documentation showing that the clinical consultant had a competency check performed during the previous year; and 2. This was confirmed during interview with the laboratory director.</p>