

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  22D0081613	<b>(X3) Date Survey Completed</b>  05/08/2026
<b>Name of Provider or Supplier</b>  Pediatric Associates Of Fall River	<b>Street Address, City, State</b>  851 Middle Street, Fall River, MA	
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>D6053</b>	<p><b>TECHNICAL CONSULTANT RESPONSIBILITIES</b> CFR(s): 493.1413(b)(9)</p> <p>(b)(9) Evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview the Technical Consultant (TC) failed to ensure new testing personnel (TP) received competency assessment twice during the first year of testing patient specimens. Findings include: 1. Record review on 5/5/2026 of the laboratory's CMS form 209 signed by the laboratory director on 4/22/2026 revealed 2 new TP. 2. Record review on 5/5/2026 of the laboratory's TP records revealed, 1 of 2 new TP received competency assessment only once during the first year of testing patient samples. 3. Staff interview with the TC 5/5/2026 at 9:55 AM confirmed the above TP did not have the required documented competency assessment twice during the first year of testing patient samples. The TC stated, "Somehow, I missed that." 4. The laboratory performs 10,706 tests annually.</p>
<b>D6103</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1445(e)(13)</p> <p>(e)(13) 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>

This STANDARD is not met as evidenced by:

Based on record review and confirmed through an interview with the Technical Consultant (TC), the laboratory did not have a written policy in place to evaluate testing personnel (TP) or TC competency. Findings Include: 1. Record review on 5/5/2026 of the laboratory's 8/8/2024 through 12/31/2024, all of 2025 and 2026 to date personnel competency records revealed the laboratory did not have documented competency evaluation twice during the first year of testing patient samples for 1 of 2 new TP. The aforementioned TP only has 1 competency evaluation during the first year of testing patient samples. 2. Record review on 5/5/2026 of the laboratory's 'Procedure Manual' revealed, the procedure manual did not include a procedure for evaluating the competency of TP or the TC. 3. During an interview with the TC on 5/5/2026 at 9:55 AM, the TC: a. Confirmed the laboratory does not have documented competency assessment twice during the first year of testing patient samples for 1 of 2 new TP. b. The laboratory does not have a procedure for evaluating the competency of TP or the TC. c. The TC stated, "We need to write one." 4. The laboratory performs 10,706 tests annually.