

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 22D2111714	(X3) Date Survey Completed 06/30/2022
Name of Provider or Supplier Smg Bridgewater Internal Medicine	Street Address, City, State 312 Bedford St, Whitman, MA	
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 CLIA recertification survey was conducted for the Steward Medical Group - Whitman Lab laboratory pursuant to the Clinical Laboratory Improvement Amendments (CLIA) of 1988 and CLIA regulations at 42 CFR 493.
D6053	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>The technical consultant is responsible for 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 personnel competency record review and interview with the Technical Consultant (TC) on 6/30/2022, the TC failed to evaluate and document the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tested patient specimens as evidenced by the following: The surveyor asked for the personnel competency records for review. The review revealed that semiannual competency evaluations were not performed and documented for two (2) out of the two (2) newly hired testing persons (TP) in their first year of performing moderate complexity testing. The TC confirmed in an interview on 6/30/2022 at 9:56 AM that the TC failed to perform and document semiannual competency evaluations for two (2) newly hired TP's in their first year of performing moderate complexity testing. The laboratory performs 260,934 chemistry tests and 74,897 hematology tests annually.</p>
D6054	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least</p>

annually, after the first year.

This STANDARD is not met as evidenced by:

. Based on personnel competency record review and interview with the Technical Consultant (TC) on 6/30/2022, the TC failed to evaluate and document the performance of individuals responsible for moderate complexity testing at least annually, after the first year the individual tested patient specimens as evidenced by the following: The surveyor asked for the personnel competency records for review. The review revealed that annual competency evaluations were not performed and documented at least annually for one (1) out of the three (3) testing persons (TP) after the first year of performing moderate complexity testing. The TC confirmed in an interview on 6/30/2022 at 10:08 AM that the TC failed to perform and document annual competency evaluations for one (1) out of the three (3) TP's after the first year of performing moderate complexity testing. The laboratory performs 260,934 chemistry tests and 74,897 hematology tests annually.