

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D0651428	(X3) Date Survey Completed 09/26/2018
Name of Provider or Supplier M Health Fairview	Street Address, City, State 909 Fulton St Se Room 3384 Mail Code 2121ch, Minneapolis, MN	
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
D6127	<p>TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(9)</p> <p>The technical supervisor is responsible for evaluating and documenting the performance of individuals responsible for high 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 document review and interview with laboratory personnel, the technical supervisor failed to ensure 1 of 1 testing personnel received a competency evaluation at least semiannually during the first year of patient specimen testing. Findings are as follows: 1. Testing Personnel 1 (TP1) was listed on the Laboratory Personal Report (CLIA) Form CMS-209 as a full time testing personnel. During an interview on 09/26/18 at 1:10 p.m., TP1 stated she began tissue processing for Mohs Micrographic surgery in June 2017 at this facility. She indicated tissue processing included inking of the tissue. 2. Initial training records indicated TP1 was deemed competent to perform tissue processing for Mohs Micrographic surgery on 06/06/17. 3. A semiannual competency assessment for TP1 was not found during review of laboratory personnel records. The laboratory was unable to provide a semiannual competency assessment for TP1 upon request. 4. In an interview on 09/26/18 at 3:40 p.m., TP1 confirmed a semiannual competency evaluation had not been completed.</p>