

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  24D0668676	<b>(X3) Date Survey Completed</b>  03/09/2022
<b>Name of Provider or Supplier</b>  Planned Parenthood Vandalia Health Center	<b>Street Address, City, State</b>  671 Vandalia Street, Saint Paul, MN	
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>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:</p> <p>. Based on document review and interview with laboratory personnel, the Technical Consultant failed to ensure competency was assessed at least semi-annually during the first year of patient specimen testing for two of seven testing personnel hired in 2020 and 2021. Findings are as follows: 1. The laboratory performed Rh testing as confirmed by the Laboratory Manager (LM) during a tour of the laboratory at 10:05 a. m. on 03/09/22. 2. Competency evaluations were required semi-annually for new testing personnel as established in the electronic Laboratory Policy and Procedures Manual. 3. A semi-annual Rh competency evaluation was not found for Testing Personnel 10 (TP10) and Testing Personnel 12 (TP12) during review of laboratory records. TP10 was initially assessed for Rh testing competency in March 2020 and TP12 was initially assessed for Rh testing competency in June 2021. The laboratory was given an opportunity to provide the missing documents within 5 days from the survey date. 4. In an interview at 11:50 a.m. on 03/09/22, the LM confirmed the above finding. 5. The semi-annual competency evaluations for TP10 and TP12 were not included in an an email received from the Senior Director of Clinical Quality Assurance &amp; Compliance (SDCQAC) at 10:21 a.m. on 03/14/22. 6. In an email received at 11:56 p.m. on 03/15/22, the SDCQAC confirmed the missing documents had not been found.</p>