

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  26D0446044	<b>(X3) Date Survey Completed</b>  02/19/2019
<b>Name of Provider or Supplier</b>  Jefferson City Medical Group	<b>Street Address, City, State</b>  1241 W Stadium Blvd, Jefferson City, MO	
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>D5891</b>	<p><b>POSTANALYTIC SYSTEMS QUALITY ASSESSMENT</b> CFR(s): 493.1299(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems specified in 493.1291.</p> <p>This STANDARD is not met as evidenced by: Based on review of monthly postanalytic procedures and activities for 2018 and 2019 and interview with the laboratory director, the laboratory failed to follow quality assessment (QA) procedures to monitor, assess and correct problems with stat turnaround time (TAT) indicators. Findings: 1. Review of monthly postanalytic QA procedures and activities reveals the laboratory monitors stat (TAT) that exceed one hour and documents cause of delay. During January, February and March of 2018, documentation noted on the stat TAT log showed the laboratory was "one tech down" each month. During April, May, and June of 2018 documentation noted on the TAT log showed stat TAT percentages increased from 7.21% in April, to 7.65% in May and to 11.25 % in June. Documentation from June TAT log showed the laboratory noted a code (3) indicating, "busy, multiple stats, lunch, short staffing." The laboratory did not perform or document any stat TAT activity for July, August, September, October, November, December 2018. No stat TAT activity documented for January and to date February 19, 2019. 2. On interview February 19, 2019 at 10:00 AM the laboratory director said staffing has been challenging and postanalytic QA activities delayed. Interview with the laboratory director confirmed the laboratory failed to follow and maintain monthly procedures to monitor stat TAT.</p>
<b>D6101</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1445(e)(11)</p> <p>The laboratory director must employ a sufficient number of laboratory personnel with</p>

the appropriate education and either experience or training to provide appropriate consultation, properly supervise and accurately perform tests and report test results in accordance with the personnel responsibilities described in this subpart.

This STANDARD is not met as evidenced by:

Based on review of personnel records and interview with the technical supervisor, the laboratory director failed to establish criteria/procedure to ensure sufficient staffing of testing personnel performing non-waived testing. Findings: 1. No documentation was available to show the laboratory director established a procedure to assess/monitor criteria to ensure the laboratory employ a sufficient number of testing personnel performing moderate and high complexity testing. 2. Interview with the technical supervisor on February 19, 2019 at 10:30 AM confirmed no procedure was available to assess /monitor sufficient staffing for the volume of non-waived testing performed.