

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 26D0652272	<b>(X3) Date Survey Completed</b> 08/22/2018
<b>Name of Provider or Supplier</b> Harrison County Community Hospital	<b>Street Address, City, State</b> 2600 Miller Street, Bethany, 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>D5209</b>	<p><b>PERSONNEL COMPETENCY ASSESSMENT POLICIES</b> CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on review of competency procedures, competencies and interview with the technical supervisor the laboratory failed to establish and follow written policies to assess employee competency. Findings: 1. Laboratory policy states initial competency and annual competency will be completed on all new employees. 2. Review of competencies showed new testing personnel #5 and #1 had no initial competency completed. 3. Review of procedure and competencies showed procedure does not include semi-annual competencies on new employees. no semi-annual competency was completed on testing personnel #1, #7, #5 and #6. 4. Review of procedure showed "each technologist will be evaluated on his or her anniversary". No annual competency was completed in 2017 for testing personnel #6 and #1. 5. Interview with the technical supervisor on August 22, 2018 at 10:30 AM confirmed the laboratory did not include semiannual competency on all new testing personnel and did not follow competency procedure.</p>
<b>D5217</b>	<p><b>EVALUATION OF PROFICIENCY TESTING PERFORMANCE</b> CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by:</p>

Based on review of proficiency testing (PT) for 2017 and interview with the technical supervisor, the laboratory failed to verify the accuracy of the Ammonia analyte twice a year in 2017. Findings: 1. Review of PT records for 2017 revealed the laboratory failed to prove accuracy on the nonregulated analyte ammonia twice in 2017. 2 Interview with the technical supervisor on August 22, 2018 at 11:00 AM confirmed the laboratory failed to verify the accuracy of the nonregulated ammonia analyte twice annually for 2017,