

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 34D0684540	(X3) Date Survey Completed 08/01/2018
Name of Provider or Supplier Stanly County Health Department	Street Address, City, State 1000 North First Street, Suite 3, Albemarle, NC	
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
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES 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 the laboratory's policies and procedures, review of personnel records, and interview with staff 8/1/18, the laboratory failed to follow established policies for evaluating the competency of all TP (testing personnel). The laboratory's "Personnel Competency Testing Assessment" policy (revised 8/17/16) states "... Procedure: 1. Competency testing will be performed on each test an individual is approved to perform by the lab director. 2. Personnel will be evaluated semiannually during the first year of testing and yearly thereafter. ..." Review of personnel records revealed there was no competency evaluation documented during 2016, 2017, or 2018 for 1 of 4 TP (TP #1) who perform moderate complexity testing. During interview at approximately 1:15 p.m., the nurse manager confirmed that the laboratory director had not evaluated the competency of TP #1 (the nurse practitioner) during 2016, 2017, and 2018.</p>
D5211	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a)</p> <p>The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.</p> <p>This STANDARD is not met as evidenced by: Based on review of 2016, 2017, and 2018 CAP (College of American Pathologists)</p>

proficiency testing records and interview with TP (testing personnel) 8/1/18, the laboratory failed to document evaluation of all proficiency testing results received. Review of 2016, 2017, and 2018 CAP proficiency testing records revealed the laboratory failed to document evaluation of all unacceptable proficiency testing results. Examples: 1. 2016 D5 B test event - 2 of 5 Gram stain morphology challenges incorrect with no evaluation documented; 2. 2016 D5 C test event - 2 of 5 Gram stain morphology challenges incorrect with no evaluation documented; 3. 2017 D5 A test event - 3 of 5 Gram stain morphology challenges incorrect with no evaluation documented; 4. 2017 D5 B test event - 2 of 5 Gram stain morphology challenges incorrect with no evaluation documented; 5. 2018 D5 A test event - 2 of 5 Gram stain morphology challenges incorrect with no evaluation documented. During interview at approximately 11:20 a.m., TP #2 stated the results were reviewed, but the reviews were just not documented.