

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 36D0886072	<b>(X3) Date Survey Completed</b> 02/25/2021
<b>Name of Provider or Supplier</b> Cdph/Mccafferty Health Center	<b>Street Address, City, State</b> 4242 Lorain Avenue, Cleveland, OH	
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 record review and an electronic mail (email) interview with the Laboratory Director, the laboratory failed to establish and follow written policies and procedures to assess the competency of General Supervisor (GS) #1 and GS#2, at a frequency determined by the laboratory, as specified in the personnel requirements in subpart M. All patient bacteriology, mycology, parasitology, syphilis serology, urine microscopic and toxicology testing performed in this laboratory from 05/10/2018 to 02/25/2021 had the potential to be affected by this deficient practice. Findings Include: 1. Review of the laboratory's competency assessment policy and procedure, provided for the date of the inspection, did not find any mention of the assessment of the GS based on the responsibilities of the position, at a frequency determined by the laboratory. 2. Review of the laboratory's Form CMS-209, approved, signed and dated by the Laboratory Director on 12/11/2020, revealed three individuals, including the Laboratory Director, listed and qualified by the Laboratory Director to function as GS. 3. Review of the laboratory's 2018, 2019 and 2020 competency assessment documentation, provided for the date of the inspection, did not find any assessment documentation for GS#1 or GS#2 based on the responsibilities of the GS position. 4. The Inspector requested the laboratory's policy and procedure for the assessment of the GS and any competency assessment documentation for GS#1 and GS#2 based on the responsibilities of the position from the Laboratory Director. The Laboratory Director confirmed the laboratory did not establish a policy and procedure for the assessment of the GS, did not assess the competency of GS#1 and GS#2 based on the responsibilities of the position, at a frequency determined by the laboratory and was unable to provide the</p>

requested documentation on the date of the inspection. The email interview occurred on 02/24/2020 at 2:11 PM.