Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D0181633	(X3) Date Survey Completed 10/08/2020
Name of Provider or Supplier Punxsutawney Area Hospital	**Street Address, City, State** 81 Hillcrest Drive, Punxsutawney, PA	

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	PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235 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. This STANDARD is not met as evidenced by: Based on laboratory personnel interview with the Laboratory Supervisor and Laboratory Manager and review of the competency records, the laboratory failed to establish written policies and procedures to assess consultant competency for 1 of 2 Clinical Consultants (CC), 2 of 3 Technical Supervisors (TS), 1of 1 Technical Consultants(TC), and 3 of 4 General Supervisors (GS), from 08/20/2018 through the date of the survey. Findings: 1. The laboratory could not produce written policies and procedures to adequately assess consultant competency from 08/20/2018 through the date of the survey 10/08/2020. 2. The Laboratory Director acted as Clinical Consultant, Technical Supervisor, and general Supervisor, from 05/09/2018, through the date of the survey. 3. Review of the competency records revealed non specific documentation of consultant competency for 3 of 3 consultants from 05/09/2018, through the date of the survey. The documentation provided failed to indicate responsibilities of each consultant position (CC, TC, TS, and GS). 4. During the survey (10:00 10/08/2020), the Laboratory Supervisor confirmed, the above findings.