

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  39D0690451	<b>(X3) Date Survey Completed</b>  05/08/2023
<b>Name of Provider or Supplier</b>  Fulton County Medical Center	<b>Street Address, City, State</b>  214 Peach Orchard Road, Mcconnellsburg, PA	
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>D5407</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory procedures and interview with Testing Personnel (TP #1), the laboratory failed to ensure that the 1 of 1 laboratory procedure manual in use for the GEM Premier 5000 blood gas analyzer was approved, signed and dated by the current laboratory director (LD) from 06/22/2021 to 05/08/2023. Findings include: 1. The laboratory procedure manual in use for the GEM Premier 5000 blood gas analyzer reviewed at the time of inspection on 05/08/2023 at 11:45am, revealed the procedures were not approved, signed and dated by the current LD. 2. The laboratory's annual volume for Routine Chemistry is 307 (CMS-116). 3. TP #1 confirmed the above findings on 05/08/2023 around 11:50am.</p>
<b>D6046</b>	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8)</p> <p>(b) The technical consultant is responsible for-- (b)(8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently.</p> <p>This STANDARD is not met as evidenced by: Based on review of the Laboratory Personnel Report (CMS-209), the laboratory's competency assessment records and interview with Testing Personnel (TP #1), the Technical Consultant (TC) failed to evaluate the competency of 10 of 14 testing personnel in 2022 and 9 of 14 testing personnel in 2023. Findings include: 1. Based</p>

on review of CMS-209 and the laboratory's competency assessment records on 05/08/2023 at 11:20 a.m, the TC failed to evaluate the competency of 10 of 14 testing personnel in 2022 and 9 of 14 testing personnel in 2023. a. TP #1 who is not qualified under 493.1411 performed the competency assessment of 7 of 14 testing personnel in 2022 (CMS 209 TP#2,#4,#6, #9,#11, #13, and #14) and 8 of 14 testing personnel in 2023 (CMS 209 TP#3,#4,#5,#6,#7,#9,#10, and #12). b. TP #2 who is not qualified under 493.1411 performed the competency assessment of 1 out of 14 testing personnel in 2022 CMS TP#5). c. TP #3 who is not qualified under 493.1411 performed the competency assessment of # 1out of 14 testing personnel in 2022 CMS 209 TP#7). d. TP #5 who is not qualified under 493.1411 performed the competency assessment of 1 out of 14 testing personnel in 2022 (CMS209 #12) and 2023 (CMS 209 TP#1). 2. Testing Personnel #1 confirmed the findings above on 05/08/2023 around 1:45pm.