

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  39D1021114	<b>(X3) Date Survey Completed</b>  09/11/2019
<b>Name of Provider or Supplier</b>  Geisinger Clinic Db a Geisinger Medical Group	<b>Street Address, City, State</b>  200 Scenery Drive, State College, 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>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 laboratory policies and interview with the mohs laboratory supervisor, the laboratory failed to establish a competency assessment policy and document the competency of 1 of 2 clinical consultants (CC) and 1 of 2 testing personnel (TP) performing mohs microscopic examinations from 1/10/2018 to the date of survey. Findings Include: 1. On the day of survey, 09/11/2019, the laboratory could not provide a competency assessment policy to assess the competency of 1 of 2 CC and 1 of 2 TP (personnel #2) performing mohs microscopic examinations from 1 /10/2018 to 9/11/2019. 2. The mohs laboratory supervisor confirmed the finding above on 09/11/2019 around 10:50 am.</p>