

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  42D0999795	<b>(X3) Date Survey Completed</b>  09/07/2018
<b>Name of Provider or Supplier</b>  Tidelands Health Oncology	<b>Street Address, City, State</b>  2405 N Fraser St, Georgetown, SC	
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: During an onsite initial survey on 9/7/2018, based on procedure manual review, testing personnel record review, and testing personnel interview, the laboratory failed to establish and follow written policies and procedures to assess employee competency for 3 of 6 moderate complexity testing personnel listed on the CMS-209 for 3 years reviewed (2016, 2017, 2018). Findings include: 1. The laboratory's procedure manual did not have a policy or procedure for the frequency of performing employee competency. 2. Review of testing personnels' files revealed that three employees (AL, MC, KK) that perform moderate complexity complete blood count (CBC) testing did not have competency evaluations performed since 2015. 3. During the exit interview at 2:55 pm, testing personnel confirmed that annual competency assessments had not been performed on the three employees since 2015.</p>