

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D0310629	(X3) Date Survey Completed 07/14/2025
Name of Provider or Supplier State Of Franklin Healthcare	Street Address, City, State 215 East Springbrook Drive, Johnson City, TN	
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
D6032	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(14)</p> <p>(e)(14) Specify, in writing, the responsibilities and duties of each consultant and each person, engaged in the performance of the preanalytic, analytic, and postanalytic phases of testing, that identifies which examinations and procedures each individual is authorized to perform, whether supervision is required for specimen processing, test performance or results reporting, and whether consultant or director review is required prior to reporting patient test results.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the laboratory's Centers for Medicare & Medicaid Services Laboratory Personnel Report (FORM CMS-209), personnel records, and staff interviews, the laboratory director failed to define the duties and responsibilities of one of two technical consultants (TC1). The findings include: 1. A review of the FORM CMS-209 revealed two technical consultants. 2. A review of the laboratory's personnel records revealed no job description or list of duties and responsibilities defined for one of two technical consultants (TC1). 3. An interview with both technical consultants on 07.14.2025 at 1:00 p.m. confirmed the survey findings.</p>