

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  44D0312039	<b>(X3) Date Survey Completed</b>  01/06/2026
<b>Name of Provider or Supplier</b>  Scott County Community Hospital, Inc	<b>Street Address, City, State</b>  18797 Alberta St, Oneida, TN	
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>D2009</b>	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>(b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the laboratory's proficiency testing (PT) records and staff interviews, the laboratory director/designee failed to sign eight of twelve PT attestation statements reviewed from 2025. The findings include: 1. A review of the laboratory's American Proficiency Institute (API) PT records revealed that the laboratory director/designee did not sign the attestation statements for the following events: -2025 2nd and 3rd events for Hematology/Coagulation -2025 2nd and 3rd events for Immunology/Immunochemistry -2025 2nd and 3rd events for Chemistry Core -2025 2nd and 3rd events for Microbiology 2. An interview with the Laboratory Manager on 01.06.2026 at 11:00 a.m.confirmed the above survey findings.</p>
<b>D5209</b>	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES 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 a review of the Centers for Medicare and Medicaid Services Laboratory Personnel Report (Form CMS-209), laboratory policy, personnel records, and staff interviews, the laboratory failed to follow its policy for annual competency</p>

assessment for three of eleven testing personnel who performed high-complexity patient testing in 2024. The findings include: 1. A review of Form CMS-209 provided by the laboratory on 01.06.2026 revealed eleven testing personnel (TP) who perform high complexity patient testing. 2. A review of the laboratory policy titled "Medical Laboratory Supervisor Responsibilities" revealed that "Evaluating and documenting the performance of individuals responsible for high complexity testing at least semiannually during the first year the individual tests patient specimens. Evaluations must be performed at least annually unless test methodology or instrumentation changes." 3. A review of the laboratory's personnel records revealed no documentation of annual competency assessment for TP2, TP3, and TP9 in 2024. 4. An interview with the Laboratory Manager and interim Chief Executive Officer on 01.06.2026 at 12:50 p.m. confirmed the above survey findings.