

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 44D0676451	<b>(X3) Date Survey Completed</b> 02/18/2022
<b>Name of Provider or Supplier</b> Dermatology Associates Of Oak Ridge	<b>Street Address, City, State</b> 599 Oak Ridge Turnpike, Oak Ridge, 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>D5217</b>	<p><b>EVALUATION OF PROFICIENCY TESTING PERFORMANCE</b> CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: ===== Based on lack of twice a year accuracy verification for peer slide review and interview with the Senior technician, determined the laboratory failed to verify peer slide review accuracy twice a year in 2020 and 2021. The findings include: 1. A lack of twice a year accuracy verification for peer slide review for 2020 and 2021. 2. An interview with the Senior technician at approximately 12:30 pm on February 18, 2022 confirmed only one peer slide review accuracy verification had been documented for 2020 and one peer slide review for 2021. =====</p>
<b>D6046</b>	<p><b>TECHNICAL CONSULTANT RESPONSIBILITIES</b> 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 employee personnel records for 2020 and 2021 and interview with the back lab manager, the laboratory's technical consultant failed to document the six required criteria for assessing personnel competency for testing personnel number two, three and five listed on the Center for Medicare and Medicaid Services Personnel Report (CMS-</p>

209). The findings include: 1) Review of employee personnel records for 2020 and 2021 failed to include documentation of the six required criteria of competency that include: direct observation of routine patient test performance; monitoring the recording and reporting of test results; review of intermediate test results or worksheets, quality control records, proficiency testing results and preventative maintenance records; direct observation of performance of instrument maintenance and function checks; assessment of test performance through previously analyzed specimens, internal blind testing samples or external proficiency testing samples; and, assessment of problem solving skills for testing personnel number two, three and five on the CMS-209. 2) An interview with the back lab manager on February 18, 2022 at 12:30 p.m. confirmed testing person number two, three and five listed on the CMS 209 were not evaluated using the six criteria for competency required by CMS for 2020 and 2021. =====