

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  44D0904149	<b>(X3) Date Survey Completed</b>  08/20/2025
<b>Name of Provider or Supplier</b>  Meigs County Primary Care Center	<b>Street Address, City, State</b>  305 River Rd, Decatur, 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>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 interview, the laboratory failed to follow the Quality Assurance policy for semiannual competency assessment of testing personnel who performed complete blood count (CBC) patient testing in 2023. The findings include: 1. A review of Form CMS-209 provided by the laboratory on 08.18.2025 revealed two testing personnel (TP) who performed CBC patient testing. 2. A review of the laboratory policy titled "Quality Assurance - Employee Competency" revealed that "Evaluating and documenting the performance of individuals responsible for moderate complexity testing will be completed at least semiannually during the first year the individual tests patient specimens." 3. A review of the laboratory's personnel records revealed no documentation of a semiannual competency assessment for TP2 in 2023. 4. An interview with the Chief Financial Officer on 08.20.2025 at 10:00 a.m. confirmed the above survey findings.</p>