

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D0997677	(X3) Date Survey Completed 01/11/2023
Name of Provider or Supplier Consolidated Medical Practices Of Memphis Pllc11 /2	Street Address, City, State 574 Greentree Cove, Suite 101, Collierville, 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
D6030	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(12)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(12) Ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills;</p> <p>This STANDARD is not met as evidenced by: Based on review of the Quality Assessment (QA) Plan, lack of documentation and an interview with the technical consultant (TC), the laboratory director failed to follow the written policies and procedures to access the TC competency in 2021 and 2022. The findings include: 1. Review of the QA Plan, Personnel Competency section, states that all testing personnel are trained initially and six months later. "At least annually, the laboratory director and/or TC will review the performance of each employee working in the laboratory to assure employee competency. This includes employees responsible for specimen collection and processing (other than testing personnel) and the TC if applicable". 2. Review of the TC personnel file revealed no documentation of competency performed in 2021 and 2022. 3. Interview with the TC on 01.11.2023 at 12:35 pm confirmed the laboratory director failed to follow the personnel policy for performing TC competency in 2021 and 2022.</p>