

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  44D1026761	<b>(X3) Date Survey Completed</b>  02/23/2022
<b>Name of Provider or Supplier</b>  Medical Care Plc	<b>Street Address, City, State</b>  401 E Main Street, Johnson City, 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:</p> <p>===== Based on review of the laboratory's competency policy, the Centers for Medicare and Medicaid Services Laboratory Personnel Report (Form CMS-209), testing personnel records, and interview with the lead testing person, the laboratory failed to follow the policy for competency assessment in 2020 and 2021. 1) Review of the laboratory's competency policy revealed that "Documentation of competency for new staff member will be maintained at 30, 60, 90 days and annually thereafter in the employee's folder." 2) Review of the CMS-209 revealed seven of seven testing personnel were performing moderately complex testing. 3) Review of testing personnel records revealed no documentation of annual competency assessments for seven of seven testing personnel for 2020 and 2021. 4) Interview with the laboratory lead testing person at approximately 12:45pm on February 23, 2022 confirmed the laboratory failed to follow the policy for competency assessment in 2020 and 2021.</p> <p>=====</p>