

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 53D0519936	(X3) Date Survey Completed 03/23/2023
Name of Provider or Supplier Community Health Center Of Central Wyoming	Street Address, City, State 5000 Blackmore Road, Casper, WY	
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
D5209	<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 review of personnel files, review of the CMS 209 Laboratory Personnel Report, lack of documentation, and staff interview, the laboratory failed to ensure an annual competency assessment had been completed for 3 of 4 mid-level testing personnel (PA-C #1, PA-C #2, DNP #1); failed to ensure a 6-month competency assessment had been completed for 1 of 1 new mid-level testing personnel (FNP #1); and failed to ensure a competency assessment for the responsibilities of the general supervisor (GS) and technical supervisor (TS) were completed for 2 of 2 years (2021, 2022) reviewed. The findings were: 1. Review of the CMS 209 Laboratory Personnel Report showed the laboratory employed one staff member which performed the duties of the TS and the GS. The following concerns were identified: a. Review of the TS /GS's personnel record showed no evidence a competency assessment had been completed in 2021 or 2022. 2. Review of the personnel records for PA-C #1, PA-C #2, and DNP #1 showed no evidence an annual competency assessment had been completed in 2022. 3. Review of the personnel record for FNP #1 showed an initial competency assessment had been completed on 5/5/22; however, there was no evidence the 6-month competency assessment had been completed. 4. Interview with the TS on 3/22/23 at 3:56 PM confirmed the competency assessments had not been completed as required. 5. Review of the "Competency Assessment" policy and procedure showed "...New employees are evaluated at 6-month review...Providers who perform wet preps outside of normal laboratory hours are required to be trained and evaluated annually..."</p>

D6086

LABORATORY DIRECTOR RESPONSIBILITIES

CFR(s): 493.1445(e)(3)(ii)

The laboratory director must ensure that verification procedures used are adequate to determine the accuracy, precision, and other pertinent performance characteristics of the method.

This STANDARD is not met as evidenced by:

Based on review of instrumentation method verification records and staff interview, the laboratory director failed to evaluate and approve the results of the verification study for 1 of 2 new analyzers (Horiba ABX Pentra C400 clinical chemistry analyzer). The findings were: 1. Review of the new instrumentation verification records for the Horiba ABX Pentra C400 analyzer showed no evidence the laboratory director had evaluated and signed the report as approved prior to patient testing. 2. Interview with the technical supervisor on 3/22/23 at 4:24 PM confirmed the laboratory director had not signed the new instrumentation verification study.