

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>52D0397477</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/21/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF WISCONSIN INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>302 N JACKSON ST MILWAUKEE, WI 53202</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
D5209  110M 120M 130M 510M	<p>493.1235 PERSONNEL COMPETENCY ASSESSMENT POLICIES</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 surveyor review of the laboratory Quality Assessment (QA) procedure and interview with the Vice President of Patient Services, the laboratory does not have a written procedure for evaluating testing personnel competency that includes the frequency of evaluations and all required elements.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Review of the laboratory QA procedure shows the current procedure does not include step by step instructions for evaluating competency of testing personnel that includes the frequency of evaluations and all required elements of competency.</li> <li>Interview with the Vice President of Patient Services on January 21, 2015 at 11:35 AM confirmed the current QA procedure does not include step by step instructions for evaluating competency of testing personnel.</li> </ol>	D5209		4/1/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/02/2015

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.