Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	19D2052850	06/10/2021
Name of Provider or Supplier	**Street Address, City, State**	
Pathology Group Of La-Cypress Pointe Surgical Hosp	42570 S Airport Road, Hammond, LA	

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
D0000	A Recertification survey was performed on June 10, 2021 at Pathology Group of LA-Cypress Pointe Surgical Hospital, CLIA ID # 19D2052850. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard level deficiencies were cited.
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality. This STANDARD is not met as evidenced by: Based on observation by surveyor and interview with personnel, the laboratory failed to ensure laboratory supplies did not exceed their expiration dates. Findings: 1. Observation by surveyor during the laboratory tour on June 10, 2021 at 9:46 am revealed the following expired items: a) BD Vacutainer ACD Solution B blood collection tube, Lot 9065714, Expiration date: 2021-03-31, Quantity: four (4) tubes 2. In interview on June 10, 2021 at 9:46 am, the laboratory's Compliance Officer confirmed the identified items were expired.
D6087	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(3)(iii) The laboratory director must ensure that laboratory personnel are performing the test methods as required for accurate and reliable results. This STANDARD is not met as evidenced by:

	Based on observation by surveyor and interview with personnel, the Laboratory Director failed to ensure the laboratory personnel performed test methods as required. Refer to D5417.
D6103	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(13) The laboratory director must 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. This STANDARD is not met as evidenced by: Based on record review and interview with personnel, the Laboratory Director failed to ensure policies and procedures were maintained for assessing personnel competency. Refer to D6127.
D6127	TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(9) The technical supervisor is responsible for evaluating and documenting the performance of individuals responsible for high complexity testing at least semiannually during the first year the individual tests patient specimens. This STANDARD is not met as evidenced by: Based on review of policies, personnel records and interview with personnel, the Technical Supervisor failed to ensure semi-annual competency assessment was performed for one (1) of four (4) testing personnel reviewed. Findings: 1. Review of the laboratory's "Pathologist Competency Assessment" form revealed "This competency evaluation is performed once upon hire, within 6 months, and annually." 2. Review of personnel records revealed the laboratory hired four (4) testing personnel since their previous survey in 2018. 3. Review of personnel records for Testing Personnel 1 revealed the laboratory did not have documentation of a semi-annual competency assessment due December 2020. The laboratory's semi-annual competency assessment for Testing Personnel 1 showed an assessment of "patient test performance, test results, logs, problem solving skills, and reporting issues" on "6/9 /20," which was the same date as his initial training documents. 4. In interview on June 10, 2021 at 10:19 am, the laboratory's Compliance Officer stated she did not realize the same case from the initial training was pulled for the six (6) month assessment for Testing Personnel 1. The Compliance Officer confirmed the laboratory did not have a documented semi-annual competency assessment for Testing Personnel 1.