

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 29D2141828	<b>(X3) Date Survey Completed</b> 02/16/2022
<b>Name of Provider or Supplier</b> Las Vegas Gastroenterology	<b>Street Address, City, State</b> 7315 S Pecos Rd Ste 101, Las Vegas, NV	
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>D0000</b>	This Statement of Deficiencies was created as a result of an on-site CLIA recertification survey conducted at your facility on February 16, 2022. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.
<b>D6102</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1445(e)(12)</p> <p>The laboratory director must ensure that prior to testing patients' specimens, all personnel have the appropriate education and experience, receive the appropriate training for the type and complexity of the services offered, and have demonstrated that they can perform all testing operations reliably to provide and report accurate results.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the laboratory personnel training and competency assessment records for person number two listed on the CMS-209 form, the laboratory policy and procedure entitled, "Competency Testing," and an interview with the laboratory director, and person number two on the CMS-209 form, the director failed to ensure that initial training and competency assessment was completed for one of one testing personnel prior to performing gross analysis on patient histopathology specimens. Findings include: 1. Person number two listed on the CMS-209 form began performing gross analysis of histopathology specimens in the laboratory on October 12, 2021. The initial training and competency assessment form reviewed for person number two on the CMS-209 form was not completed until February 7, 2022. 2. The laboratory policy and procedure entitled, "Competency Testing" stated, "Competency testing is performed within 6 months of initial training and once a year thereafter." The policy and procedure further stated, "Competency testing is completed for each</p>

employee. 3. During an interview conducted on February 16, 2022 at approximately 9:30 AM, the laboratory director, and person number two listed on the CMS-209 form confirmed that no documentation of training and competency assessment for the gross analysis of histopathology specimens had been performed prior to patient testing on October 12, 2021. The laboratory performs approximately 139,000 histopathology tests annually.