Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	37D1098902	02/15/2024
Name of Provider or Supplier	**Street Address, City, State**	
Diagnostic Pathology Services At Integris	5501 N Portland, 2nd Floor-Pathology Dept, Oklahoma City, OK	

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	The recertification survey was performed on 02/15/2024. The laboratory was found in compliance with standard-level deficiencies cited. The findings were reviewed with the quality assurance specialist during an exit conference performed at the conclusion of the survey.
D5209	PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235 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. This STANDARD is not met as evidenced by: Based on a review of records, written policies and procedures, and interview with the QA (Quality Assurance) specialist, the laboratory failed to follow their written policy to assess the competency of the clinical consultant and technical supervisor, based on the position responsibilities as listed in Subpart M, for two of seven persons serving as clinical consultant and technical supervisor during the review period of April 2022 through the current date. Findings include: (1) On 02/15/2024 a review of the competency assessment policy identified competencies for the clinical consultant and technical supervisor, based on the position responsibilities were to be performed at least every two years; (2) A review of the Form CMS-209 and personnel records for competency assessments performed during the review period of April 2022 through the current date identified competencies, based on job responsibilities, had not been performed as follows: (a) Clinical Consultant #2/Technical Supervisor #2 - not documented as performed between April 2022 and the current date; (b) Clinical Consultant #3/Technical Supervisor #3 - not documented as performed prior to 02/14

	/2024. (3) The findings were reviewed with the QA specialist who stated on 02/15 /2024 at 10:45 am, the competencies had not been performed for the positions as shown above.
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part. This STANDARD is not met as evidenced by: Based on a review of records and interview with the QA (Quality Assurance) specialist, the laboratory failed to verify the accuracy of slide interpretations at least twice annually during the review period of April 2022 through the current date. Findings include: (1) On 02/15/2024 at 10:45 am, the QA specialist stated the laboratory performed microscopic slide interpretations of H&E (Hematoxylin and Eosin) stained slides from frozen tissues. The tissue would then be observed microscopically; (2) A review of records for testing performed from April 2022 through the current date revealed no evidence the accuracy of slide interpretations had been verified at least twice annually after 08/01/2022; (3) The records were reviewed with the QA specialist who stated on 02/15/2024 at 10:45 am, the slide interpretations had not been verified for accuracy twice annually as stated above.