Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D0055097	11/01/2022
Name of Provider or Supplier	**Street Address, City, State**	
Bsa Physicians Group,Inc Dba Bsa Urgent Care Cente	4510 S Bell St, Amarillo, TX	

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
D5211	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a) The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part. This STANDARD is not met as evidenced by: Based on review of the College of American Pathologists (CAP) proficiency testing records from 2021 and 2022, policies and procedures and staff interview, the laboratory failed to review and evaluate proficiency testing results for four of five events for hematology , and four of four events for Clinical Microscopy . This is a repeat deficiency from the September 2021 inspection. The findings included: 1. Review of CAP proficiency testing records from 2021 and 2022 (3 testing events annually) found no documentation of review for the following testing events: FH2- C 2021 Hematology Auto Differentials, FH2 FH2-A 2022 Hematology Auto Differentials, FH2 FH2-B 2022 Hematology Auto Differentials, FH2 FH2-C 2022 Hematology Auto Differentials, FH2 CM-A 2021 Clinical Microscopy CM-B 2021 Clinical Microscopy CM-A 2022 Clinical Microscopy CM-B 2022 Clinical Microscopy 2. Review of the laboratory's written procedure titled External Proficiency Testing found on page two "I. The review form and Survey together with any documentation is rerouted to the Medical Director for final Review and filing." 3. Testing person one on the CMS report 209 Laboratory Personnel Report confirmed in the interview conducted November 1, 2022 at 2:08 PM that the laboratory did not route the proficiency testing documents to the laboratory director for review as defined in their own written procedure.
D5213	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(b)(1)

The laboratory must verify the accuracy of any analyte or subspecialty without analytes listed in subpart I of this part that is not evaluated or scored by a CMS-approved proficiency testing program.

This STANDARD is not met as evidenced by:
Based on review of proficiency testing records from 2021 and 2022 and interview of facility personnel, the laboratory failed to evaluate the results that included exception codes in four of four testing events for Clinical Microscopy. The findings included: 1. Review of the College of American Pathologists (CAP) Clinical Microscopy proficiency records from 2021 and 2022 found the following events with analytes not evaluated or scored by the proficiency testing program without documented review by the laboratory: a. CM-A 2021 Clinical Microscopy: Exception code [11] = Unable to analyze (documentation to be provided by laboratory) Exception code [28] = Response qualified with a greater than or less than sign; unable to quantitate b. CM-B 2021 Clinical Microscopy: Exception code [28] = Response qualified with a greater than or less than sign; unable to quantitate c. CM-A 2022 Clinical Microscopy: Exception code [11] = Unable to analyze (documentation to be provided by laboratory) Exception code [27] = Lack of participant or referee consensus Exception code [28] = Response qualified with a greater than or less than sign; unable to quantitate d. CM-A 2022 Clinical Microscopy: Exception code [11] = Unable to analyze (documentation to be provided by laboratory) Exception code [27] = Lack of participant or referee consensus Exception code [28] = Response qualified with a greater than or less than sign; unable to quantitate 2. Review of the CAP instructions found on page 98 under the heading Actions Laboratories Should Take when a PT Result is not Graded " The CAP uses exception reason codes that signify the proficiency testing (PT) for an analyte has not been graded. The exception reason code is located on the evaluation report in brackets to the right of the result. Your laboratory must identify all analytes with an exception code, review, and document the acceptability of performance as outlined below and retain documentation of review for at least 2 years. The actions laboratories should take include, but are not limited to: a. Code 11 - Document why the specimens were not analyzed (eg, instrument not functioning or reagents not available). Perform and document alternative assessment (ie, split samples) for the period that commercial PT was not tested to the same level and extent that would have been tested. b. Code 27 - Document that the laboratory performed a self evaluation and compared its results to the intended response when provided in the participant summary. If comparison is not available, perform and document alternative assessment (ie, split samples) for the period that commercial PT reached non-consesus to the same level and extent that would have been tested. c. Code 28 - Applies to a response that is not formally evaluated when a less than or greater than sign is reported. Document that the laboratory performed a self-evaluation and compared its results to the proper statistics applied in the participant summary. Verify detection limits. Perform and document the corrective action of any unacceptable results." 3. Review of the laboratory policy titled EXTERNAL PROFICIENCY TESTING found on page one under the heading PROCEDURE: " G. Evaluation results are received in the Laboratory and a "Proficiency Survey Review Form" is attached to the survey (see attachment B). H. The survey is then routed to the technologist. Results should be reviewed and an investigation of aberrant findings initiated by the technologist. Results should be shared with all technologists. The Technologist shall sign and date the Review Form upon completion of the investigation. I. The Review Form and Survey together with any documentation is rerouted to the Medical Director for final review and filing. 4. Testing person one (listed on the CMS Report 209 Laboratory Personnel Report)

	confirmed that the laboratory did not evaluate results that were resulted with exception codes; did not use the PT Review Form as written in their own policy in interview conducted November 1, 2022 at 2:17 PM.