

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0485689	(X3) Date Survey Completed 10/14/2020
Name of Provider or Supplier Csl Plasma Of Fort Worth	Street Address, City, State 4200 South Freeway, Suite 1946, Fort Worth, 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
D0000	The Center Manager and Assisstant Manager for Quality were at the entrance conference conducted 10/14/2020. The survey process was discussed. An opportunity for questions and comments was given. The exit conference was held with the Center Manager and Assisstant Manager for Quality on 10/14/2020. The laboratory was found to be in substantial compliance for the specialties/subspecialties for which it was surveyed. The standard level deficiencies cited were discussed. The process for submitting the corrections was explained. CMS form 2567 will be emailed from the Texas State Health and Human Services Commission, Health Facility Compliance Arlington Group.
D6054	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least annually, after the first year.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory policy, personnel records, and confirmed in interview, the technical consultant failed to perform annual personnel competency assessment for 1 of 42 testing persons (TP-15) in 2019 (random review). Findings: 1. Review of the laboratory's personnel policy revealed: "Specific training for Training Personnel: Only trained personnel with approval of the Technical Consultant may independently perform regulated testing. Competency is evaluated during initial training, at six months, at twelve months and annually thereafter or whenever testing methodology changes. The competency assessment and approval by the Technical Consultant is documented on the Technical Consultant Observation Worksheet ..." 2. Review of personnel records revealed annual competency assessment was not performed for TP-15 in 2019. TP-15 had documented competency assessments in 2018 and 2020. 3. The laboratory was asked to provide documentation of competency assessments for 2019</p>

and none were provided. 4. During an interview on 10/14/2020 at 09:28 hours, the Assistant Manager for Quality stated that the facility had changed their policy from performing competency assessments from every 6 months to annually and TP-15's annual competency assessment was missed in the change, confirming the above findings.