Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0502326	(X3) Date Survey Completed 02/14/2020
Name of Provider or Supplier Conviva Medical Center Management Of Texas, Pa	**Street Address, City, State** 227 W Kleberg Ave, Kingsville, 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	Noted deficiencies and plans of correction were discussed with the laboratory representative at the entrance and exit conferences. The facility representative was given an opportunity to provide evidence of compliance with the noted deficiencies, and no such evidence was provided prior to survey. The facility was found to be in compliance with applicable Conditions of Participation in the CLIA program, and recertification is recommended. Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.
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 the laboratory's American Proficiency Institute (API) proficiency testing (PT) records for 2018 and 2019, and confirmed in interview of facility personnel, the laboratory failed to perform self-grading for 1 of 6 proficiency testing events. The findings were: 1. Review of the laboratory's API Hematology/Coagulation PT records from 2018 (events 1, 2, and 3) and 2019 (events 1, 2, and 3) revealed the 2019, 1st event for Urine Sediment (Sample US-02) was documented as "Not Graded-2 (No Consensus)" by the proficiency testing agency. 2. The laboratory was asked to

	provide documentation of performing self-grading for the ungraded event. No documentation was provided. 3. The finding was confirmed in interview with the Technical Consultant on February 14, 2020 at 08:45 hours in the laboratory.
D6054	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9) 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. This STANDARD is not met as evidenced by: Based on review of the submitted Form CMS-209, review of the laboratory's personnel records, and confirmed in interview of facility personnel, the technical consultant failed to perform an annual competency assessment for 1 of 1 testing personnel who required one. The findings included: 1. Review of the laboratory's submitted Form CMS-209 revealed the laboratory identified two testing persons. One of two testing persons required an annual competency assessment. 2. Review of personnel records for Testing Personnel #2 (as listed on Form CMS-209) revealed a start of testing date of June 2, 2003. The last annual competency assessment evaluation performed by the Technical Consultant for the testing person was July 13, 2018. There was no documentation available for review for an annual competency assessment performed for Testing Personnel #2 (as listed on Form CMS-209) in 2019. 3. The findings were confirmed in interview with the Technical Consultant on February 14, 2020 at 08:20 hours in the laboratory. He revealed that the testing person works evenings and he has not had a chance to overlap with her. Key: CMS - Centers for Medicare and Medicaid Services