Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D0503140	01/30/2018
Name of Provider or Supplier	**Street Address, City, State**	
South Padre Island Pediatric Center	3845 S Padre Island Dr, Corpus Christi, 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
D5293	GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(b)(c) (b) The general laboratory systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of general laboratory systems quality assessment reviews with appropriate staff. (c) The laboratory must document all general laboratory systems quality assessment activities. This STANDARD is not met as evidenced by: Based on review of laboratory policy, review of proficiency testing records, review of quality assurance reports, and confirmed in interview of facility personnel, the laboratory's quality assurance program failed to identify that the laboratory did not participate in Hematology 2017 (event 1). The findings were: 1. Review of the laboratory's policy, "Laboratory Quality Assurance Plan" under, "Purpose" stated: "To implement corrective action to alleviate or eliminate problems discovered." "To maintain a monitoring system to ensure that the designed results are maintained." 2. Review of the laboratory's policy, "Laboratory Quality Assurance Plan" under, "List of Quality Indicators" revealed one of the quality indicators measured was, "Proficiency testing reviewed." 3. Attempted review of the laboratory's API (American Proficiency Institute) proficiency testing records for hematology 2016 (events 1 , 2, and 3) and 2017 (events 1, 2, 3) revealed no records were available for review for 2017 (event 1). 4. The laboratory was asked to provide documentation of a quality assurance report that identified the source of the error and the corrective action documenting steps taken to alleviate the error. No documentation was provided. 5. An interview with the technical consultant on 01/30/2018 at 1145 hours in the break room confirmed the findings.