

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  45D0503694	<b>(X3) Date Survey Completed</b>  03/01/2021
<b>Name of Provider or Supplier</b>  Harlingen Pediatrics Associates	<b>Street Address, City, State</b>  321 South 21st Street, Harlingen, TX	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	<p>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 exit. 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.</p>
<b>D5803</b>	<p>TEST REPORT CFR(s): 493.1291(b)</p> <p>Test report information maintained as part of the patient's chart or medical record must be readily available to the laboratory and to CMS or a CMS agent upon request.</p> <p>This STANDARD is not met as evidenced by: Based on review of final patient results and confirmed in interview of facility personnel, the laboratory failed to ensure 1 of 5 final patient results was available in the patient's medical record. The findings were: 1. Review of 1 of 5 patient final reports the following final patient result was not available in the patient's medical record: Sample ID: 06.08.12TC3.39 Date of Service: October 9, 2020 Test: Complete Blood Count (CBC) 2. The findings were confirmed in interview with testing personnel #1 (as listed on Form CMS-209) at 14:15 hours in the laboratory. She confirmed the results were not scanned in. Key: CMS - Centers for Medicare and Medicaid Services</p>