

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0660409	(X3) Date Survey Completed 12/10/2025
Name of Provider or Supplier San Antonio Metropolitan Hlth Dist Lab	Street Address, City, State 2303 Se Military Drive, Bldg 533, San Antonio, 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
D5213	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(b)(1)</p> <p>(b) The laboratory must verify the accuracy of the following: (b)(1) 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.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's American Proficiency Institutes proficiency testing records from 2024 and 2024, review of the laboratory's College of American Pathologists proficiency testing records from 2024, and staff interview, the laboratory failed to have documentation of evaluating results on 5 of 5 events on which proficiency testing results were ungraded by the proficiency testing agency. The findings included: 1. A review of the laboratory's American Proficiency Institutes proficiency testing records from 2024 (Microbiology event 1, and Microbiology event 3) and 2025 (Microbiology event 2) identified proficiency testing results which were ungraded by the proficiency testing agency: a) 2024 Microbiology event 1 Gram Stain morphology Sample: GS-02 b) 2024 Microbiology event 3 Gram Stain Sample: GS-13 c) 2025 Microbiology event 2 Gram Stain morphology Sample: GS-09 2. A review of the laboratory's College of American Pathologists proficiency testing records from 2024 (D5-A and D5-B) identified proficiency testing results which were ungraded by the proficiency testing agency: a) 2024 D5-A Sample: D5-01 Sample: D5-05 b) 2024 D5-B Sample: D5-06 3. The general supervisor confirmed the findings in an interview conducted on 12/09/2025 at 1339 hours in the office.</p>
D6053	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>(b)(9) Evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual</p>

tests patient specimens.

This STANDARD is not met as evidenced by:

Based on review of the laboratory's personnel records and staff interview, the laboratory failed to have documentation of competency assessments being performed within the first year of testing for 3 of 3 testing personnel. The findings included: 1. A review of the laboratory's personnel records identified 3 testing personnel who were trained on new methodology. They were (as listed on Form CMS 209): a) Testing personnel number 1 HIV testing- Trained: 11/2023 b) Testing personnel number 7 HIV testing- Trained: 7/2023 c) Testing personnel number 10 GC gram stain- Trained: 6/2024 Dark Field microscopy- Trained: 7/2024 Urine trichomonias/Wet prep Trained: 7/2024 2. Further review of the laboratory's personnel records identified competency assessments for the listed methodologies were performed at the following times: a) Testing personnel number 1 One competency assessment performed from 11 /2023 and 11/2024 performed on: 6/2024 b) Testing personnel number 7 Zero competency assessments performed from 7/2023 to 7/2024 c) Testing personnel number 10 One competency assessment performed from 6/2024 to 7/2025 performed on: 9/2024 3. The general supervisor (as listed on Form CMS 209) on 12/09/2025 at 1125 hours in the office confirmed the findings.