

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0675621	(X3) Date Survey Completed 07/31/2019
Name of Provider or Supplier Uthet Urology Tyler	Street Address, City, State 700 Olympic Plaza Circle Suite 700, Tyler, 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	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(b)(c)</p> <p>(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.</p> <p>This STANDARD is not met as evidenced by: . Based on review of laboratory quality assessment (QA) documentation for 2017, 2018 and 2019, confirmed by staff interview, no discussion of QA reviews with staff involved in information gathering took place. Findings: 1. QA documentation reviewed during the survey included notation of individual histopathology and cytology cases performed and whether the results were returned within the laboratory's stated turn-around times (TATs). The log of cases was maintained by the general supervisor (GS-CMS form 209) as confirmed by her in an interview at the site on 07-31-2019. 2. When asked in the same interview when reviews of the TAT data were discussed with staff, GS stated that to her knowledge no such discussions of QA review had been held since the previous survey in 2017. .</p>
D6120	<p>TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(7)(8)</p> <p>(7) The technical supervisor is responsible for identifying training needs and assuring that each individual performing tests receives regular in-service training and education appropriate for the type and complexity of the laboratory services performed; (8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently.</p>

This STANDARD is not met as evidenced by:

. Based on review of laboratory competency verification documentation for 2018 and 2019, confirmed by staff interview, the technical supervisor (TS- CMS form 209) failed to annually evaluate the competency of testing personnel performing microbiology and endocrinology testing. Findings: 1. Personnel competency verification was reviewed. No competency evaluation documentation for TP1 for 2018 or 2019 was found or could be offered. 2. In an interview at the site on 06-12-2019, GS confirmed that the technical consultant had performed no competency verifications for 2018 or 2019. The laboratory director (LD-CMS form 209) also serves as the laboratory TS.