

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0680299	(X3) Date Survey Completed 05/19/2026
Name of Provider or Supplier Tdcj-Id-B11-Attn Adm Lab Services	Street Address, City, State 1391 Fm 1328, Tennessee Colony, 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	An announced routine recertification survey of the laboratory was completed on 05/19/2026. The laboratory was found in compliance with applicable CLIA regulations (42 CFR Part 493, Requirements for Laboratories) for the specialties/subspecialties for which it was surveyed. Standard level deficiencies were cited.
D2009	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>(b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on review of the College of American Pathologists Attestation/Use of Other Form, review of the laboratory's proficiency testing records from 2025 to 2026, and confirmed in interview, the laboratory failed to have documentation of the laboratory director signing five of five attestation statements, and testing personnel signing five of five attestation statements. Findings include: 1. Review of the College of American Pathologists Attestation/Use of Other Form stated: "...The laboratory director or designee and the testing personnel must sign on the result form." 2. Review of the laboratory's proficiency testing records from 2025 (PCARM-A, PCARM-B, and PCARM-C) determined the laboratory director and testing personnel failed to have documentation of the following signatures: a. Laboratory Director: 2025 PCARM-A 2025 PCARM-B 2025 PCARM C b. Testing Personnel: 2025 PCARM-A 2025 PCARM-B 2025 PCARM-C Further review of the laboratory's proficiency testing records from 2025 (AQIS-A, AQIS-B, AQIS-C) and 2026 (AQIS-A) determined the laboratory director and testing personnel failed to have documentation of the following signatures: a. Laboratory Director: 2025 AQIS-A 2026 AQIS-A b. Testing Personnel: 2025 AQIS-A 2026 AQIS-A 3. The laboratory director confirmed the findings in an interview on 05/14/2026 at 1250 hours in the office.</p>

D5213

EVALUATION OF PROFICIENCY TESTING PERFORMANCE

CFR(s): 493.1236(b)(1)

(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.

This STANDARD is not met as evidenced by:

Based on review of the laboratory's College of American Pathologists proficiency testing records, and confirmed in staff interview, the laboratory failed to have documentation of evaluating proficiency testing results returned as ungraded by the proficiency testing agency for one of three proficiency testing events in 2025. Findings include: 1. Review of the laboratory's College of American Pathologists proficiency testing records from 2025 (PCARM-A, PCARM-B, PCARM-C) determined the following proficiency testing results returned as ungraded by the proficiency testing agency: a. 2025 PCARM-C Troponin I Sample: PCAR-15 2. Further review of the laboratory's proficiency testing records determined the laboratory failed to have documentation of evaluating ungraded results returned by the proficiency testing agency. 3. The laboratory director confirmed the findings in an interview on 05/14/2026 at 1250 hours in the office.

D5463

CONTROL PROCEDURES

CFR(s): 493.1256(d)(7)(g)

(d)(7) Over time, rotate control material testing among all operators who perform the test.

This STANDARD is not met as evidenced by:

Based on review of the laboratory's submitted form CMS-209, review of the laboratory's quality control records and confirmed in interview, the laboratory failed to ensure quality control was rotated among all personnel performing non-waived testing for five of eight months from October 2025 to May 2026. Findings include: 1. Review of the laboratory's submitted form CMS-209 determined there were 23 testing persons performing non-waived i-STAT analyzer testing. 2. Review of the laboratory's i-STAT quality control records determined testing person-1 (as listed on the form CMS-209) performed monthly quality control for five of eight months from October 2025 to May 2026: October 2025 January 2026 March 2026 April 2026 May 2026 3. The laboratory director confirmed the findings in an interview on 05/14/2026 at 1410 hours in the office. Key: CMS - Centers for Medicare and Medicaid Services

D6046

TECHNICAL CONSULTANT RESPONSIBILITIES

CFR(s): 493.1413(b)(8)

(b)(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. The procedures for evaluation of the competency of the staff must include, but are not limited to--

This STANDARD is not met as evidenced by:

Based on review of the laboratory's submitted form CMS-209, review of the

laboratory's personnel records, and confirmed in interview, the laboratory's technical consultant failed to have documentation of competency assessments for 13 of 23 personnel performing non-waived testing in 2025. Findings include: 1. Review of the laboratory's submitted form CMS-209 determined there were 23 testing persons performing non-waived testing. 2. Review of the laboratory's personnel records determined 13 of 23 personnel competency assessments were performed by testing personnel (TP) and not by the technical consultant: a. TP-1 Date: 07/30/2025 Competency performed by: TP-9 b. TP-2 Date: 07/24/2025 Competency performed by: TP-11 c. TP-3 Date: 04/11/2025 Competency performed by: TP-11 d. TP-4 Date: 07/21/2025 Competency performed by: TP-9 e. TP-5 Date: 07/30/2025 Competency performed by: TP-9 f. TP-6 Date: 07/21/2025 Competency performed by: TP-9 g. TP-9 Date: 07/24/2025 Competency performed by: TP-11 h. TP-10 Date: 04/24/2025 Competency performed by: TP-9 i. TP-11 Date: 07/18/2025 Competency performed by: TP-9 j. TP-12 Date: 07/30/2025 Competency performed by: TP-9 k. TP-15 Date: 07/21/2025 Competency performed by: TP-9 l. TP-18 Date: 03/25/2025 Competency performed by: TP-11 m. TP-21 Date: 07/24/2025 Competency performed by: TP-9 3. The laboratory director confirmed the findings in an interview on 05/14/2026 at 1150 hours in the office.