Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D0718803	07/28/2026
Name of Provider or Supplier	**Street Address, City, State**	
Texas Avenue Medical Clinic	1703 East 29th St, Bryan, 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 07/28 /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.
D5209	PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235 As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency. This STANDARD is not met as evidenced by: Based on review of the laboratory's submitted form CMS-209, review of the laboratory's policy, review of the laboratory's personnel records, and confirmed in interview, the laboratory failed to have documentation of assessing competency for two of two technical consultants involved in non-waived Hematology testing in 2024, 2025 and 2026. Findings include: 1. Review of the laboratory's submitted form CMS-209 determined the laboratory had two technical consultants involved in non-waived Hematology testing: technical consultant-1 (TC-1) and technical consultant-2 (TC-2). 2. Review of the laboratory's personnel form titled "PERSONNEL ASSESSMENT FOR TEXAS AND TEXAS AVENUE MEDICAL CLINIC" stated: " ...Personnel competency must be assessed by the Laboratory Director or Technical Consultant ..." 3. Review of the laboratory's personnel records determined the laboratory director failed to have documentation of assessing competency for two of two technical consultants in 2024, 2025 and 2026: a. TC-1 Evaluation date: 08/05/2024 02/02/2025 08/01/2025 02/06/2026 Evaluated by: TC-2 b. TC-2 Evaluation date: 11/11/2024 05 /02/2025 11/14/2025 05/22/2026 Evaluated by: TC-1 4. Technical consultant-1 (as

	listed on the form CMS-209) confirmed the findings during an interview on 07/28 /2026 at 1000 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 policy, review of laboratory personnel records, review of the laboratory's submitted form CMS-116, and confirmed in interview, the technical consultant failed to ensure six elements of competency were documented for five of five testing persons in 2024, 2025 and 2026. Findings include: 1. Review of the laboratory's policy titled "QUALITY ASSURANCE POLICIES AND PROCEDURES", stated: "6. PERSONNEL ASSESSMENT The Laboratory Director will use the results of Proficiency testing and direct observation to perform an annual evaluation of all testing personnel to ensure competency in job performance." 2. Review of the laboratory's personnel form stated: "The following notations will be used to designate the assessment tool used . OBS: Direct observation of test performance. RR: Review of patient testing records including intermediate worksheets or logs and final reports. QC: Review of quality control activities including performance and recording. RA: Assessment of problem solving skills via review of remedial action documentation. IM: Observation and / or records review of instrument maintenance and function checks. PT or SS: Assessment of test performance through analysis of Proficiency Testing (PT) samples or previously analyzed samples (SS)..." Further review of the laboratory's personnel forms determined the technical consultant failed to have documentation of evaluating the six required elements of competency for Hematology for five of five testing persons in 2024, 2025, and 2026: a. TP-1 Evaluation date: 08/05/2024 02/02/2025 08/01/2025 02/06/2026 b. TP-2 Evaluation date: 11/11/2024 05/02/2025 11/14/2025 05/22/2026 c. TP-3 Evaluation date: 10/18 /2024 04/25/2025 10/20/2025 04/10/2026 d. TP-4 Evaluation date: 12/20/2024 06/27 /2025 12/19/2025 06/11/2026 e. TP-5 Evaluation date: 01/31/2025 07/25/2025 01/16 /2026 07/10/2026 3. Review of the laboratory's submitted form CMS-116 determined the laboratory performed 1,380 non-waived Hematology tests annually. 4. Technical consultant-1 (as listed on the form CMS-209) confirmed the findings in an interview on 07/28/2026 at 1000 hours in the office. Key: CMS - Centers for Medicare and Medicaid Services TP - Testing Person