Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D0882642	04/22/2026
Name of Provider or Supplier	**Street Address, City, State**	
Pathology Professional Services, Pa	1301 East River Avenue, El Paso, 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	The laboratory was found to be in compliance with the Conditions of the CLIA regulations found at 42 CFR 493.1 through 493.1780, CLIA requirements for laboratories as a result of an recertification survey completed on April 22, 2026, and recertification is recommended. Standard level deficiencies were cited.
D5473	CONTROL PROCEDURES CFR(s): 493.1256(e)(2)(g) (e)(2) Each day of use (unless otherwise specified in this subpart), test staining materials for intended reactivity to ensure predictable staining characteristics. Control materials for both positive and negative reactivity must be included, as appropriate. This STANDARD is not met as evidenced by: Based on review of laboratory policy, laboratory records, and confirmed in interview, the laboratory failed to ensure the documentation of acceptable staining characteristics for Papanicolaou (pap-stain) slide staining for two of eleven days reviewed in March 2026. The findings include: 1. Review of the laboratory policy titled "Quality Control of Pap-Stain Procedure" included the following: "The stain is checked daily for definition of nuclear detail, cytoplasmic transparency and differentiation of cells. A record of the evaluation, any problems noted, and their resolution is kept on file. " 2. Random laboratory cytology cases in March 2026 included the following two days where cytology cases were reviewed and interpreted with no pap-stain quality control was documented: 03/10/2026 03/11/2026 3. In an interview on 4/22/2026 at 11:00 hours, in the office, the office manager confirmed that the acceptable stain characteristics for pap-stains had not been documented for the above two days.
D5645	CYTOLOGY CFR(s): 493.1274(d)(3) (d)(3) The laboratory must maintain records of the total number of slides examined by

	each individual during each 24-hour period and the number of hours spent examining slides in the 24-hour period irrespective of the site or laboratory. This STANDARD is not met as evidenced by: Based on review of laboratory procedures, cytology workload records, and confirmed in interview, the laboratory failed to ensure one of three personnel performing cytology slide interpretation recorded their daily workload for records reviewed in March 2026. The findings include: 1. Review of the laboratory policy titled "Cytotechnologist / Pathologist Workload Limit Policy" included the following information: "Records of the number of slides screened and the number of hours spent screening will be maintained by each pathologist screening cytology slides." 2. Review of laboratory cytology cases in March 2026 included the following two cytology cases screened by Technical Supervisor (TS) 1, as designated on the CMS116, that failed to be included in the daily workload documentation: FN26-0201 on 3/10/2026 FN26-0200 on 3/11/2026 3. In an interview on 4/22/2026 at 11:00 hours, in the office, the office manager confirmed TS1 failed to document the time and number of slides reviewed in their cytology workload.