

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 45D0892806	<b>(X3) Date Survey Completed</b> 06/17/2025
<b>Name of Provider or Supplier</b> City Of Laredo Health Department	<b>Street Address, City, State</b> 2600 Cedar Ave, Laredo, TX	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D6054</b>	<p><b>TECHNICAL CONSULTANT RESPONSIBILITIES</b> CFR(s): 493.1413(b)(9)</p> <p>(b)(9) Thereafter, evaluations must be performed at least annually</p> <p>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 the technical consultant performing annual competencies for 1 of 4 testing personnel in 2024. The findings included: 1. A review of the laboratory's personnel records identified 4 testing personnel who required annual competency assessments in 2024. 2. Further review of the records determined the laboratory failed to have documentation of the an annual competency assessment for testing personnel number 1 (as listed on Form CMS 209) being performed in 2024. 3. The technical consultant confirmed the findings after his review of the records on 06 /17/2024 at 1000 hours in the break room.</p>
<b>D6055</b>	<p><b>TECHNICAL CONSULTANT RESPONSIBILITIES</b> CFR(s): 493.1413(b)(9)</p> <p>(b)(9) unless test methodology or instrumentation changes, in which case, prior to reporting patient test results, the individual's performance must be reevaluated to include the use of the new test methodology or instrumentation.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's instrumentation, review of the laboratory's personnel records, and staff interview, the laboratory failed to have documentation of the technical consultant performing competency assessments for 5 of 5 testing personnel after the installation of a new hematology analyzer. The findings included: 1. A review of the laboratory's instrumentation determined the laboratory placed a</p>

new hematology analyzer in use in January 2025. 2. A review of the laboratory's personnel records determined the laboratory failed to have documentation of competency assessments being performed on 5 of 5 testing personnel prior to patient testing being performed. 3. The technical consultant confirmed the findings after reviewing the records on 06/17/2025 at 1000 hours in the break room.

**D6066**

**TESTING PERSONNEL QUALIFICATIONS**  
CFR(s): 493.1423(b)(4)(ii)

(b)(6)(ii) Have documentation of laboratory training appropriate for the testing performed prior to analyzing patient specimens. Such training must ensure that the individual has-

- (b)(6)(ii)(A) The skills required for proper specimen collection, including patient preparation, if applicable, labeling, handling, preservation or fixation, processing or preparation, transportation, and storage of specimens;
- (b)(6)(ii)(B) The skills required for implementing all standard laboratory procedures;
- (b)(6)(ii)(C) The skills required for performing each test method and for proper instrument use;
- (b)(6)(ii)(D) The skills required for performing preventive maintenance, troubleshooting, and calibration procedures related to each test performed;
- (b)(6)(ii)(E) A working knowledge of reagent stability and storage;
- (b)(6)(ii)(F) The skills required to implement the quality control policies and procedures of the laboratory;
- (b)(6)(ii)(G) An awareness of the factors that influence test results; and
- (b)(6)(ii)(H) The skills required to assess and verify the validity of patient test results through the evaluation of quality control sample values prior to reporting patient test results.

This STANDARD is not met as evidenced by:  
Based on review of the laboratory's instrumentation, review of the laboratory's personnel records and staff interview, the laboratory failed to have documentation of training for 4 of 6 personnel performing testing on the Sysmex XN-530 analyzer. The findings included: 1. A review of the laboratory's instrumentation determined the laboratory placed a Sysmex XN-530 hematology analyzer in use in January 2025. 2. A review of the laboratory's personnel records determined the laboratory failed to have documentation of training for 4 of 6 testing personnel on the Sysmex XN-530 analyzer. They were (as listed on Form CMS 209): Testing personnel 1 Testing personnel 2 Testing personnel 3 Testing personnel 5 Note: The laboratory provided documentation of training for the identified personnel dated the day of the survey and the day following the survey - six months after the installation of the analyzer. 3. The technical consultant confirmed the findings in an interview conducted on 06/17/2025 at 1100 hours in the break room.