

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0899231	(X3) Date Survey Completed 06/14/2019
Name of Provider or Supplier Beaumont Internal Medicine & Geriatric Associates	Street Address, City, State 755 N 11th St Suite P5200, Beaumont, 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
D2009	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>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 American Proficiency Institute (API) proficiency testing (PT) documentation for 2017, 2018 and 2019, confirmed by staff interview, the laboratory director failed to attest to the routine integration of samples into the patient workload using the laboratory's routine methods. Findings: 1. Review of API PT documentation revealed that attestation statements for the following testing events were signed by testing person 1: Hematology/Coagulation 1st event 2018 Chemistry-Core 2nd event 2018 Chemistry-Core 3rd event 2018 2. Review of education and training documentation showed that testing person 1 did not meet the regulatory requirements for delegation of signatory authority by the laboratory director in this case. 3. In an interview at the site on 06-14-2019, testing person 1 stated she was not aware of the education and training requirements for performing this function. It should be noted that the laboratory director did sign Performance Review forms for the events listed. .</p>