

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0931572	(X3) Date Survey Completed 10/20/2020
Name of Provider or Supplier Valley Baptist Physicians Network	Street Address, City, State 1119 Central Blvd, Brownsville, 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	Noted deficiencies and plans of correction were discussed with the laboratory representative at the entrance and exit conferences. The facility representative was given an opportunity to provide evidence of compliance with the noted deficiencies, and no such evidence was provided prior to survey exit. The facility was found to be in compliance with applicable Conditions of Participation in the CLIA program, and recertification is recommended. Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.
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 the laboratory's American Proficiency Institute (API) proficiency testing (PT) records and confirmed in interview of facility personnel, the laboratory failed to ensure testing personnel signed 1 of 6 attestation statements reviewed. The findings were: 1. Review of API Attestation Statement records for 2018 (event 3) stated, "SIGNATURES REQUIRED - Testing personnel and the laboratory director must physically sign an attestation statement for all PT results, and retain the signed statement (or a copy) for a minimum of 2 years. Either the attestation statement below or a printed copy of the form provided online can be used for this purpose." 2. Review of the laboratory's API proficiency testing records for 2018 (event 3), 2019 (events 1,</p>

2, and 3), and 2020 (events 1 and 2) found no testing person signature on the following attestation statement. 2018 Hematology/Coagulation (3rd event) 3. An interview with the primary testing person on October 20, 2020 at 12:00 hours in office confirmed the findings.

D2010

TESTING OF PROFICIENCY TESTING SAMPLES

CFR(s): 493.801(b)(2)

The laboratory must test samples the same number of times that it routinely tests patient samples.

This STANDARD is not met as evidenced by:
Based on review of laboratory policy, review of the laboratory's American Proficiency Institute (API) proficiency testing records, and confirmed in interview of facility personnel, the laboratory failed to test proficiency testing samples the same number of times as patient samples. The findings were: 1. According to the testing person on October 20, 2020 at 11:15 hours, the laboratory verifies flags on CBCs (complete blood count) by performing repeat testing. 2. Review of the laboratory's policy titled, "Proficiency Testing Program" stated, "3. The usual laboratory verification procedures for PT survey samples will be followed where specified or applicable for patient samples. Replicate testing is allowed only if patient specimens are analyzed in this manner when Panic Values are reported or if Flags are resulted in the WBC automated Differential parameters. If Replicate testing is done when applicable, it must be done immediately after first run and by the same operator." 3. Review of the laboratory's API records from 2018 (event 3), 2019 (events 1, 2, and 3), and 2020 (events 1 and 2) found the following event samples were not repeated due to flags: 2018 (event 3) Proficiency Sample 11 Flag: L5 (not repeated) 2018 (event 3) Proficiency Sample 12 Flag: L2, L5 (not repeated) 2018 (event 3) Proficiency Sample 13 Flag: L5 (not repeated) 2018 (event 3) Proficiency Sample 14 Flag: L5 (not repeated) 2018 (event 3) Proficiency Sample 15 Flag: L5 (not repeated) 2019 (event 3) Proficiency Sample 11 Flag: L5 (not repeated) 2019 (event 3) Proficiency Sample 12 Flag: L5 (not repeated) 2019 (event 3) Proficiency Sample 13 Flag: L2, L5 (not repeated) 2019 (event 3) Proficiency Sample 14 Flag: L5 (not repeated) 2019 (event 3) Proficiency Sample 15 Flag: L5 (not repeated) 2020 (event 1) Proficiency Sample 1 Flag: L5 (not repeated) 2020 (event 1) Proficiency Sample 2 Flag: L5 (not repeated) 2020 (event 1) Proficiency Sample 3 Flag: L5 (not repeated) 2020 (event 1) Proficiency Sample 4 Flag: L5 (not repeated) 2020 (event 1) Proficiency Sample 5 Flag: L5 (not repeated) 2020 (event 2) Proficiency Sample 6 Flag: L5 (not repeated) 2020 (event 2) Proficiency Sample 7 Flag: L5 (not repeated) 2020 (event 2) Proficiency Sample 8 Flag: L5 (not repeated) 2020 (event 2) Proficiency Sample 9 Flag: L5 (not repeated) 2020 (event 2) Proficiency Sample 10 Flag: L5 (not repeated) 4. The laboratory was asked to provide documentation of testing proficiency testing samples the same number of times it tests patient samples. No documentation was provided. 5. The findings were confirmed in interview of the primary testing person at 11:45 hours in the office. Key: WBC - white blood cell