Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D0950355	03/11/2019
Name of Provider or Supplier	**Street Address, City, State**	
Brookridge Internal Medicine Associates Pa	300 N Third Street, Longview, 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	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) 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. This STANDARD is not met as evidenced by: . Based on review of American Proficiency Institute (API) proficiency testing (PT) documentation for 2018 and 2019, confirmed by staff interview, the laboratory director failed to attest to the routine integration of PT samples into the patient workload using the laboratory's routine methods. Findings: 1. API PT attestation forms for 2017, 2018 and 2019 were reviewed. The forms for Chemistry-Core, first event 2018, second event 2018 and first event 2019 were signed by testing person 1 (CMS form 209) in the space marked "Lab Director (or designee)." In an interview at the site on 03-11-2019, testing person 1 stated she had signed as the laboratory director's designee. 2. Review of laboratory personnel education and training documents showed that testing person 1 did not meet the education and training requirements for technical consultant of a laboratory performing moderate complexity testing and therefore could not be delegated the authority to sign as the laboratory director's designee. .
D5203	SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232 The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results.

	This STANDARD is not met as evidenced by: . Based on surveyor observation, confirmed by staff interview, the laboratory failed to employ procedures to ensure positive identification of patient blood specimens for hematology testing. Findings: 1. During the survey on 03-11-2019, the surveyor observed two patient blood specimens in a rack on the laboratory countertop awaiting hematology testing. The specimens were hand-labeled with the patients' first and last names only. 2. In an interview at the site on 03-11-2019, testing person 1 stated that the specimens would not be labeled with two unique identifiers until she entered the test orders in the laboratory information system. .