

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 45D1053583	<b>(X3) Date Survey Completed</b> 03/02/2021
<b>Name of Provider or Supplier</b> Verley Gordon Md Pa	<b>Street Address, City, State</b> 5711 N La Homa Rd Ste B, Mission, 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>D0000</b>	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.
<b>D2123</b>	<p><b>HEMATOLOGY</b> CFR(s): 493.851(c)</p> <p>Failure to participate in a testing event is unsatisfactory performance and results in a score of 0 for the testing event. Consideration may be given to those laboratories failing to participate in a testing event only if-- (1) Patient testing was suspended during the time frame allotted for testing and reporting proficiency testing results; (2) The laboratory notifies the inspecting agency and the proficiency testing program within the time frame for submitting proficiency testing results of the suspension of patient testing and the circumstances associated with failure to perform tests on proficiency testing samples; and (3) The laboratory participated in the previous two proficiency testing events.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's hematology proficiency testing PT results reported to CMS and confirmed in interview of facility personnel, the laboratory failed to participate in the 3rd events of 2018, 2019, and 2020 for hematology. This</p>

failure to submit resulted in a score of 0% for each of the three events. The findings were: 1. Review of the laboratory's proficiency testing records for 2018 (event 3), 2019 (events 1, 2, and 3), and 2020 (events 1, 2, and 3) found the following unsatisfactory scores due to failure to submit: 2018 (Hematology Event 3): 0% for Cell ID/WBC Diff 0% for RBC 0% for Hematocrit 0% for Hemoglobin 0% for WBC Count 0% for Platelet Count 2019 (Hematology Event 3): 0% for Cell ID/WBC Diff 0% for RBC 0% for Hematocrit 0% for Hemoglobin 0% for WBC Count 0% for Platelet Count 2020 (Hematology Event 3): 0% for Cell ID/WBC Diff 0% for RBC 0% for Hematocrit 0% for Hemoglobin 0% for WBC Count 0% for Platelet Count 2. The findings were confirmed in interview with the Laboratory Director on March 2, 2021 at 15:45 hours at the nurse's station. Key: RBC - red blood cell ID - identification WBC - white blood cell

**D6021**

**LABORATORY DIRECTOR RESPONSIBILITIES**

CFR(s): 493.1407(e)(5)

The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(5) Ensure that quality assessment programs are established and maintained to assure the quality of laboratory services provided.

This STANDARD is not met as evidenced by:  
Based on review of the laboratory's proficiency testing records, review of quality assurance records, and confirmed in interview with facility personnel, the laboratory director failed to ensure a quality assurance plan is established and maintained. The findings were: 1. Review of the laboratory's proficiency testing records for 2018 (event 3), 2019 (events 1, 2, and 3), and 2020 (events 1, 2, and 3) found the following unsatisfactory scores due to failure to submit: 2018 (Hematology Event 3): 0% for Cell ID/WBC Diff 0% for RBC 0% for Hematocrit 0% for Hemoglobin 0% for WBC Count 0% for Platelet Count 2019 (Hematology Event 3): 0% for Cell ID/WBC Diff 0% for RBC 0% for Hematocrit 0% for Hemoglobin 0% for WBC Count 0% for Platelet Count 2020 (Hematology Event 3): 0% for Cell ID/WBC Diff 0% for RBC 0% for Hematocrit 0% for Hemoglobin 0% for WBC Count 0% for Platelet Count 2. Review of laboratory records found no documentation of the laboratory director establishing and maintaining a quality assurance plan that would identify and correct when the laboratory failed to submit proficiency testing for each of the third events in 2018, 2019, and 2020. 3. The findings were confirmed in interview with the Laboratory Director on March 2, 2021 at 15:45 hours at the nurse's station.