

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  45D1096108	<b>(X3) Date Survey Completed</b>  02/07/2023
<b>Name of Provider or Supplier</b>  Robert T Garbacz, Do	<b>Street Address, City, State</b>  5 Eureka Cir Suite D, Wichita Falls, 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>	<p>Noted deficiencies and plans of correction were discussed with the laboratory representative(s) at the exit conference. The facility representative(s) were 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 in compliance with applicable CLIA Conditions, 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 CMS Southern Operations Branch-Dallas for referral to the Office of Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p>
<b>D5785</b>	<p><b>CORRECTIVE ACTIONS</b> CFR(s): 493.1282(b)(3)</p> <p>(b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(3) The criteria for proper storage of reagents and specimens, as specified under 493.1252(b), are not met.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory's temperature logs for November of 2022 to February of 2023, review of laboratory's corrective action documents and staff interview, it was determined the laboratory failed to ensure corrective action was documented for out-of-range histology blocks/slides storage temperature for 7 of 97 days reviewed. Findings included: 1. Review of laboratory's temperature logs revealed: "DAILY. Record the temperature where the histology blocks are stored. ACCEPTABLE RANGE: 68 F and 77 F (20 C and 30 C)" And, "Record corrective action taken for any out of range temperatures." 2. Further review of laboratory's temperature logs for November of 2022 to February of 2023 revealed the following 7 of 97 reviewed days temperature was documented out of laboratory defined range for histology blocks</p>

storage room without documentation of corrective action: Date: Temperature: 11/17/2022 19C 11/18/2022 19C 12/19/2022 19C 01/09/2023 19C 01/10/2023 19C 01/19/2023 19C 02/06/2023 19C 3. The laboratory was asked to provide documentation of corrective action for the above out-of-range temperatures and no such documentation was available for review prior to survey exit. 4. In an interview on 02/07/2023 at 1015 hours in the breakroom the laboratory's Practice Manager (as defined on signed Entrance Conference documents obtained on 02/07/2023), after review of the data, confirmed the findings. Legend: C = Degrees Celsius F = Degrees Fahrenheit