

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  45D1096437	<b>(X3) Date Survey Completed</b>  12/06/2022
<b>Name of Provider or Supplier</b>  Carol N Abalihi Md Pa	<b>Street Address, City, State</b>  12350 Paseo Nuevo Dr, El Paso, 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>	Based on a proficiency testing desk review survey performed on December 28 2022, the laboratory was found to be out of compliance based on the following <b>CONDITION LEVEL DEFICIENCIES:</b> 2016 - 42 C.F.R. 493.803 Condition: Successful participation D6076 - 42 C.F.R. 493.1403 Condition: Laboratory Director, high complexity
<b>D2016</b>	<p><b>SUCCESSFUL PARTICIPATION</b> CFR(s): 493.803(a)(b)(c)</p> <p>(a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history.</p> <p>This CONDITION is not met as evidenced by: Based on a review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile American Association of Bioanalyst (AAB) proficiency testing (PT) records, the facility failed to achieve</p>

	<p>successful performance in two of two consecutive testing events for Bacteriology in 2022, resulting in unsuccessful performance. Refer to 2028.</p>
<p><b>D2028</b></p>	<p><b>BACTERIOLOGY</b> CFR(s): 493.823(e)</p> <p>Failure to achieve an overall testing event score of satisfactory performance for two consecutive testing events or two out of three consecutive testing events is unsuccessful performance.</p> <p>This STANDARD is not met as evidenced by: Based on a desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile, American Association of Bioanalyst (AAB) proficiency testing (PT) records from 2022, the laboratory failed to achieve an overall testing event score of satisfactory performance (80% or greater) for two of two consecutive testing events for the specialty of Bacteriology. Two out of two overall testing event scores of unsatisfactory performance results in unsuccessful PT performance. Findings were: 1. A review of the CASPER Report 155 listed the following scores for the 2022 Bacteriology PT events 2 and 3: 2022 Bacteriology Event 2: 60% Bacteriology Event 3: 67% 2. A proficiency desk review of AAB proficiency testing records from 2022 confirmed that the laboratory received the following Bacteriology scores for the 2022 PT 2nd and 3rd events: 2022 Bacteriology Event 2: 60% Bacteriology Event 3: 67%</p>
<p><b>D6076</b></p>	<p><b>LABORATORY DIRECTOR</b> CFR(s): 493.1441</p> <p>The laboratory must have a director who meets the qualification requirements of 493.1443 of this subpart and provides overall management and direction in accordance with 493.1445 of this subpart.</p> <p>This CONDITION is not met as evidenced by: Based on a desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile American Association of Bioanalyst (AAB) proficiency testing (PT) records, the laboratory director failed to ensure successful participation in an HHS-approved proficiency testing program for two of two events in Bacteriology in 2022. Refer to D6089.</p>
<p><b>D6089</b></p>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1445(e)(4)(i)</p> <p>The laboratory director must ensure the proficiency testing samples are tested as required under subpart H of this part.</p> <p>This STANDARD is not met as evidenced by: Based on a desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile American Association of Bioanalyst (AAB) proficiency testing (PT) records, the laboratory director failed to ensure successful participation in an HHS-approved proficiency testing program for Bacteriology for two of two events in 2022. Refer to D2028.</p>