

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2007462	(X3) Date Survey Completed 05/08/2024
Name of Provider or Supplier Cpa-Baptist North Central	Street Address, City, State 520 Madison Oak Dr, San Antonio, 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
D5473	<p>CONTROL PROCEDURES CFR(s): 493.1256(e)(2)(g)</p> <p>(e) For reagent, media, and supply checks, the laboratory must do the following: (e) (2) Each day of use (unless otherwise specified in this subpart), test staining materials for intended reactivity to ensure predictable staining characteristics. Control materials for both positive and negative reactivity must be included, as appropriate. (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's daily histology stain quality records from August 2023, review of patient test records from August 1913 and staff interview, the laboratory failed to have documentation of assessing stain quality on 3 of 21 days. The findings include: 1. A random sampling of histology stain quality records from August 2023 identified 3 of 21 days where the laboratory failed to have documentation of acceptable stain quality. The days were: August 22 August 23 August 24 2. The laboratory was asked to provide documentation of acceptable histology stain quality on the identified days. No documentation was provided. 3. A review of the patient test records from August 2023 identified the following patient slides read on days without stain quality being assessed: a) August 22 ID: 900016004 ID: 900016007 b) August 23 ID: 900016002 ID: 900016008 ID: 900016001 c) August 24 ID: 900016021 ID: 900016022 4. The Clinical Service Manager confirmed the findings after her review of the records on 05/08/2024 at 1210 hours in the office.</p>
D6128	<p>TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(9)</p> <p>The technical supervisor is responsible for evaluating and documenting the performance of individuals responsible for high complexity testing at least annually after the first year, unless test methodology or instrumentation changes, in which case,</p>

prior to reporting patient test results, the individual's performance must be reevaluated to include the use of the new test methodology or instrumentation.

This STANDARD is not met as evidenced by:

Based on review of the laboratory's submitted Form CMS 209, review of the laboratory's personnel records, and staff interview, the laboratory failed to have documentation of the technical supervisor performing annual competency assessments on 12 of 12 testing personnel in 2022. The findings included: 1. A review of the laboratory's submitted Form CMS 209 determined the laboratory identified 12 testing personnel. 2. A review of the laboratory's personnel records determined the laboratory failed to have documentation of the technical supervisor performing 12 of 12 competency assessments in 2022. 3. The laboratory was asked to provide documentation of the missing competency assessments. No documentation was provided. 4. The clinical service manager confirmed the findings in an interview conducted 05/08/2024 at 1030 hours in the office.