

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2017356	(X3) Date Survey Completed 09/18/2025
Name of Provider or Supplier Altus Baytown Hospital	Street Address, City, State 1626 W Baker Road, Baytown, 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
D0000	An announced survey of the laboratory was conducted on 09/18/2025. The laboratory was found in compliance with applicable CLIA regulations (42 CFR Part 493, Requirements for Laboratories) for the specialties/subspecialties for which it was surveyed. STANDARD LEVEL DEFICIENCIES were cited.
D6029	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(11)</p> <p>(e)(11) Ensure that prior to testing patients specimens, all personnel have the appropriate education and experience, receive the appropriate training for the type and complexity of the services offered, and have demonstrated that they can perform all testing operations reliably to provide and report accurate results;</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory's submitted Form CMS-209, personnel records and staff interview, the laboratory director failed to ensure the laboratory documented completion of training for its test platforms and initial verification of competency prior to start of patient testing for one of eight testing personnel (TP) employed by the facility in 2024 and 2025, TP number six (TP6). Findings included: 1. Review of laboratory's submitted Form CMS-209 revealed the laboratory employed eight testing personnel. 2. Review of laboratory's personnel records revealed TP6 (as indicated on submitted Form CMS-209) was employed and started training on 10/10/2024. There was no documentation of training completion for all laboratory's test platforms or initial competency evaluation for this TP. 3. In an interview on 09/18/2025 at 1000 hours in the conference room, the facility's Laboratory Director (as indicated on submitted Form CMS-209) confirmed the findings.</p>
D6053	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p>

(b)(9) Evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens.

This STANDARD is not met as evidenced by:

Based on review of laboratory's submitted Form CMS-209, personnel records and staff interview, the laboratory's Technical Consultants failed to document semiannual evaluation of competency in the first year of testing for one of eight testing personnel (TP) employed by the facility in 2024 and 2025, TP number six (TP6). Findings included: 1. Review of laboratory's submitted Form CMS-209 revealed the laboratory employed eight testing personnel. 2. Review of laboratory's personnel records revealed TP6 (as indicated on submitted Form CMS-209) was employed and started training and patient testing on 10/10/2024. There was no documentation of semiannual competency evaluation within the first year of patient testing for this TP. 3. In an interview on 09/18/2025 at 1000 hours in the conference room, the facility's Laboratory Director (as indicated on submitted Form CMS-209) confirmed the findings. Key: CMS - Centers for Medicare and Medicaid Services