

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2052455	(X3) Date Survey Completed 05/18/2022
Name of Provider or Supplier Clinical Pathology Associates	Street Address, City, State 1500 Red River Pathology Dept Lower Level, Austin, 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	The facility was found to be in compliance with applicable Conditions of Participation in the CLIA program, and recertification is recommended.
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's policies and procedures, competency records, credentialing file, and interview, the laboratory failed to ensure the competency of one of eight Technical Supervisors and one of eight General Supervisors. Findings follow. A. Review of the Technical Supervisor/General Supervisor policy and procedure, effective May 31, 2018, under Competency Assessments of the Technical Supervisor/General Supervisor stated, "1. Each pathologist serving as a technical supervisor and general supervisor will receive a competency assessment for the duties. 2. This assessment will be performed initially and will be performed any time that the assigned duties are changed or new duties are added. 3. The CPA Scheduling and Credentialing office will accumulate competency metrics as outlined in the SOP Professional Competency Policy for Pathologist. On an annual basis (or semiannually for new pathologists), CPA Scheduling and Credentialing will collect pathologist metrics and data from competency activities described above for review on an individual basis by the president of CPA, a board-certified pathologist, or a designated (pathologist) quality officer. A summary of competency activities is maintained by CPA Scheduling and Credentialing to be available to or distributed to Laboratory Director as required by credentialing agencies, inspection authorities, or institutional policies." B. Review of the Technical Supervisor /General Supervisor Competency</p>

Assessment, dated 08/16/2021, stated, "These individuals are authorized to perform histopathology testing to include microscopic examinations and macroscopic examination of patient specimens without supervision or need for review prior to reporting results." Technical Supervisor & General Supervisor # 4 on the CMS form 209, was not listed. C. Review of the Hire and Term Date Credentialing File showed Technical Supervisor/General Supervisor #4 was hired on 7/30/2018. D. Interview with the Clinical Support Supervisor on May 18, 2022 at 1000 in the office confirmed Technical Supervisor/General Supervisor #4 was not on the list and acknowledged she had been employed for two years.