

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2102365	(X3) Date Survey Completed 09/12/2019
Name of Provider or Supplier United Pathology Associates Pllc	Street Address, City, State 3030 S Gessner Rd Suite 291, Houston, 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	<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 to be in compliance with applicable Conditions of Participation in the CLIA program, 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 Dallas Regional Office (RO) for referral to the Office of the 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>
D5219	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(2)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure listed in subpart I of this part for which compatible proficiency testing samples are not offered by a CMS-approved proficiency testing program.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the laboratory's Histology Request Form, a review of the laboratory's twice annual accuracy assessments for 2018 and staff interview, it was revealed the laboratory failed to verify the accuracy of all stains offered at the facility. Findings include: 1. A review of the laboratory's Histology Request Form revealed the laboratory performs the following stains: AB/PAS (Alcian Blue/Periodic acid-Schiff) FE (Iron) Hema Diff H.Pylori (Helicobacter Pylori) PAS (Periodic acid-Schiff)PAS-D (Periodic acid-Schiff-Glycogen Digestion) Trichrome 2. A review of the laboratory's twice annual accuracy assessments for 2018 revealed the laboratory failed to have records of performing the assessments on the following analytes: AB/PAS (Alcian</p>

Blue/Periodic acid-Schiff) FE (Iron) Hema Diff H.Pylori (Helicobacter Pylori) PAS (Periodic acid-Schiff) PAS-D (Periodic acid-Schiff-Glycogen Digestion) Trichrome 3. An interview with the Operations Manager on 9/12/19 at 10:00 a.m. in the conference room, after review of the records, confirmed the above findings.

D6121

TECHNICAL SUPERVISOR RESPONSIBILITIES
CFR(s): 493.1451(b)(8)(i)

The procedures for evaluation of the competency of the staff must include, but are not limited to direct observations of routine patient test performance, including patient preparation, if applicable, specimen handling, processing and testing.

This STANDARD is not met as evidenced by:
Based on a review of the laboratory's submitted CMS 209 form, a review of the laboratory's personnel records, and staff interview, it was revealed that the Technical Supervisor failed to evaluate the competency of 1 of 1 testing personnel performing high complexity testing. Findings include: 1. A review of the laboratory's CMS 209 form (signed by the laboratory director on 9/4/19) revealed the laboratory identified 1 high complexity testing person. 2. A review of the laboratory's personnel records revealed testing person #1 (as indicated on the CMS 209 form) had competency assessments performed on the following dates by the Operations Manager: 8/18/18 8/28/19 For the competency assessments on the above dates, the Operations Manager initialed as the Assessor and signed as the Reviewer and the Evaluator. 3. The laboratory did not have documentation to qualify the Operations Manager as a Technical Supervisor or General Supervisor. 4. An interview with the Operations Manager on 9/12/19 at 9:40 a.m. in the conference room, after review of the records, she stated that she didn't know that competency assessments are required to be performed by the Technical Supervisor. This confirmed the above findings.