

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2118140	(X3) Date Survey Completed 05/19/2022
Name of Provider or Supplier Surepoint Emergency Center Rowlett	Street Address, City, State 3301 Lakeview Parkway, Rowlett, 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	Noted deficiencies and plans of correction were discussed with the laboratory representatives at the entrance and exit conferences. The facility representatives were given an opportunity to provide evidence of compliance with the noted deficiency, 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 certification 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.
D6066	<p>TESTING PERSONNEL QUALIFICATIONS CFR(s): 493.1423(b)(4)(ii)</p> <p>Have documentation of training appropriate for the testing performed prior to analyzing patient specimens.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's submitted CMS 209, review of the laboratory's personnel records, and staff interview, it was revealed the facility failed to have documentation of training for 12 of 14 personnel The finding include: 1. A review of the laboratory's submitted Form CMS 209 revealed the facility identified 14 personnel who performed moderate complexity testing on the BioFire analyzer. 2. A review of the laboratory's personnel records revealed the facility failed to have documentation of training for the following tests: a) Testing personnel number 1 BioFire GI Panel b) Testing personnel number 2 BioFire GI Panel c) Testing personnel number 3 BioFire GI Panel BioFire Respiratory 2.1 panel d) Testing personnel number 4 BioFire GI Panel BioFire Respiratory 2.1 panel e) Testing personnel number 5 BioFire</p>

Respiratory 2.1 panel f) Testing personnel number 6 BioFire GI Panel BioFire
Respiratory 2.1 panel g) Testing personnel number 7 BioFire Respiratory 2.1 panel h)
Testing personnel number 9 BioFire GI Panel BioFire Respiratory 2.1 panel i) Testing
personnel number 10 BioFire GI Panel BioFire Respiratory 2.1 panel j) Testing
personnel number 11 BioFire GI Panel BioFire Respiratory 2.1 panel k) Testing
personnel number 12 BioFire GI Panel l) Testing personnel number 13 BioFire GI
Panel 3. The laboratory was asked to provide documentation of performing the
identified training. No documentation was provided. 4. An interview with the
technical consultant on 05/19/2022 at 0945 hours in the break room - after her review
of the records- confirmed the findings.