

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2129189	(X3) Date Survey Completed 06/02/2021
Name of Provider or Supplier Clinical Pathology Associates Name	Street Address, City, State Pathology Dept 1st Floor, 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
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, pre-survey paperwork, and interview, the laboratory failed to ensure the competency of 1 of 6 Technical Supervisors. Findings follow. A. Review of the Technical Supervisor /General Supervisor policy and procedure, effective May 30, 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 Assessment, dated 06/25/2018, 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 # 7 on the CMS form 209, was not listed. C. Review of the pre-survey paperwork,</p>

Laboratory Personnel, showed Technical Supervisor #7 was hired on October 5, 2020. D. Interview with the Clinical Pathology Technical Supervisor on June 2, 2021 at 1240 in the office acknowledged Technical Supervisor #7 was not on the list and that the form needs to be updated. She added Technical Supervisor #7 had started in October of 2020 and was in the process of compiling data for the [Laboratory Director] to review.