Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D2132023	07/08/2026
Name of Provider or Supplier	**Street Address, City, State**	
The Emergency Clinic At The Pearl	2015 Broadway Street, Suite B, San Antonio, 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
D5401	PROCEDURE MANUAL CFR(s): 493.1251(a) (a) A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens. This STANDARD is not met as evidenced by: Based on review of the laboratory's procedures, review of patient test records from June 2026 and July 2026, and staff interview, the laboratory failed to follow its policy for crossing out flagged results for 3 of 6 results. The findings included: 1. The laboratory's procedure titled "CBC Sysmex XP-300" stated: "Any platelet count >50 with AG flags will be repeated on the original properly obtained and well mixed sample. The platelet count will be reported as usual if the AG Flag disappears and a similar platelet count result is obtained upon repeat analysis.... If the AG flag remains, sample will be sent to reference laboratory for confirmatory analysis. The original platelet results should be masked before providing the physician with the CBC results." 2. A random sampling of six patient results from June 2026 and July 2026 identified the laboratory failed to masked AG flagged platelet results on 3 of 6 samples reviewed. They were: a) Test date: 06/23/2026 Sample ID: 06235603 Flag: AG Platelet value: 200 b) Test date: 07/01/2026 Sample ID: 07012603 Flag: AG Platelet value: 159 c) Test date: 07/05/2026 Sample ID: 07052601 Flag: AG Platelet value: 347 3. The Clinic Coordinator confirmed the findings in an inderview conducted on 07/08/2026 at 1145 hours in her office. Key CBC - complete blood count
D5813	TEST REPORT CFR(s): 493.1291(g)

	(g) The laboratory must immediately alert the individual or entity requesting the test and, if applicable, the individual responsible for using the test results when any test result indicates an imminently life-threatening condition, or panic or alert values. This STANDARD is not met as evidenced by: Based on review of the laboratory's policies, review of patient test records from 2025 and 2026, review of the laboratory's critical value log, and staff interview, the laboratory failed to have documentation of the notification of 2 of 2 critical values. The findings included: 1. The laboratory's policy titled "Hematology Reference Range Values" identified the laboratory criteria for critical values. They were: White blood cell: less than 3 or greater than 20 Hemoglobin: less than 6 or greater than 20 Hematocrit: less than 18 or greater than 60 Platelet: less than 90 or greater than 1000 2. A sampling of patient test records from 2025 and 2026 determined the laboratory failed to have documentation of the notification of 2 of 2 critical values. They were: a) Date: 06/30/2025 Sample ID: 06302502 WBC: 23.4 b) Date: 03/04/2026 Sample ID: 03041602 WBC: 29.3 3. A review of the laboratory's critical value logs from March 2024 to September 2025 determined the personnel did not document the critical values. 4. The Clinical Coordinator confirmed the findings in an interview conducted on 07/08/2026 at 1145 hours in her office.