

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2134889	(X3) Date Survey Completed 06/28/2023
Name of Provider or Supplier Propath Associates	Street Address, City, State 1500 S Main, Fort Worth, 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 laboratory was surveyed and found to be in compliance with the Conditions of the CLIA regulations found at 42 CFR 493.1 through 493.1780, and recertification is recommended.
D5631	<p>CYTOLOGY CFR(s): 493.1274(c)(6)</p> <p>(c) Control procedures. The laboratory must establish and follow written policies and procedures for a program designed to detect errors in the performance of cytologic examinations and the reporting of results. The program must include the following: (c) (6) An evaluation of the case reviews of each individual examining slides against the laboratory's overall statistical values, documentation of any discrepancies, including reasons for the deviation, and, if appropriate, corrective actions taken.</p> <p>This STANDARD is not met as evidenced by: Based on review of cytology statistics and interview, the laboratory failed to evaluate the case reviews of each individual examining slides against the laboratory's overall statistical values to include any discrepancies and reasons for the deviation, and if appropriate, corrective actions taken. Findings follow. A. Cytology statistics for the evaluation of case reviews of each pathologist broken down by diagnosis, number of peer reviews, and discrepancies were requested on June 28, 2023 at 1130 hours but not provided. B. Interview with the Director of Quality Management on June 28, 2023 at 1300 hours confirmed they do not have a break-down of the pathologists reporting compared to the overall statistics.</p>
D6127	<p>TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(9)</p> <p>The technical supervisor is responsible for evaluating and documenting the performance of individuals responsible for high complexity testing at least</p>

semiannually during the first year the individual tests patient specimens.

This STANDARD is not met as evidenced by:

Based on review of the laboratory's policy and procedure, pre-survey paperwork, personnel files and interview, the technical supervisor failed to evaluate the competency at least semiannually during the first year the individual tests patient specimens for one of one new hires that performed microscopic interpretations of histopathology and cytology slides. Findings follow. A. Review of the laboratory's procedure for competency evaluations stated under Purpose "The purpose of this procedure is to provide all the pathologists with ongoing review of the skills used in their practice. This information is also used by the Medical Director or designee as a tool to evaluate the ongoing practice performance of each pathologist." And, under Procedure stated, "1. The professional competency of pathologist must be assessed: a. Annually, after each pathologist has performed his/her duties for one year." The procedure did not include semi-annual competencies for new hires. B. Review of the pre-survey paperwork showed testing personnel #3, as listed on the CMS form 209, was hired on 01/11/2021. C. Review of the Professional Competency Forms showed one was performed on 02/28/2022. A semi-annual competency evaluation was requested on June 28, 2023 at 1000 hours but not provided. D. Interview with the Director of Quality Management on June 28, 2023 at 1000 hours confirmed they did not perform two competency evaluations in the first year of testing for their pathologists.