

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 45D2151931	<b>(X3) Date Survey Completed</b> 02/03/2021
<b>Name of Provider or Supplier</b> Texas Colon And Rectal Specialists	<b>Street Address, City, State</b> 2840 Keller Spring Rd Suite 1104, Carrollton, TX	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	Noted deficiencies and plans of correction were discussed with the laboratory representative at the entrance and exit conferences. The facility representative was 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.
<b>D6152</b>	<p><b>GENERAL SUPERVISOR RESPONSIBILITIES</b> CFR(s): 493.1463(c)</p> <p>Exception. For individuals qualified under 493.1489(b)(5), who were performing high complexity testing on or before January 19, 1993, the requirements of paragraph (a) (3) of this section are not effective, provided that all high complexity testing performed by the individual in the absence of an general supervisor is reviewed within 24 hours by a general supervisor qualified under 493.1461.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's records, and staff interview, it was revealed the laboratory failed to have documentation of the general supervisor's review of grossing. The findings were: 1. A review of the laboratory's records revealed the laboratory failed to have documentation of a policy stating the general supervisor would review tissues and blocks within 24 hours of grossing. 2. The laboratory was asked to provide documentation of the general supervisor reviewing tissue and blocks within 24 hours of grossing being performed. No documentation was provided. 3. An</p>

interview with manager on 02/03/2021 at 1007 hours in the office confirmed the findings.