

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 45D2156076	<b>(X3) Date Survey Completed</b> 10/13/2022
<b>Name of Provider or Supplier</b> Dallas Fertility Center-Perot	<b>Street Address, City, State</b> 8160 Walnut Hill Ln Suite 213, Dallas, 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>	Laboratory representatives were present at the entrance conference. The survey process was discussed. An opportunity for questions and comments was given. The exit conference was held with the laboratory representatives. The laboratory was found to be in substantial compliance for the specialties/subspecialties for which it was surveyed. The standard level deficiencies cited were discussed. The process for submitting the corrections was explained. CMS form 2567 will be emailed from the Texas Health and Human Services Commission, Health Facility Compliance Arlington Group. 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 Southern Operations Branch-Dallas 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>D5415</b>	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(c)</p> <p>Reagents, solutions, culture media, control materials, calibration materials, and other supplies, as appropriate, must be labeled to indicate the following: (1) Identity and when significant, titer, strength or concentration. (2) Storage requirements. (3) Preparation and expiration dates. (4) Other pertinent information required for proper use.</p> <p>This STANDARD is not met as evidenced by: Based on direct observation and confirmed in interview, the laboratory failed to ensure HemaColor stains for semen analysis stored in secondary containers were labeled with proper identification and poured/expiration dates for 3 of 3 stains. The findings include: 1. During a tour of the laboratory on 10/13/2022 at 11:09 a.m., the surveyor observed 3 coplin jars on the countertop as follows: 1 coplin jar was not</p>

labeled 1 coplin jar was labeled "Stain 1" 1 coplin jar was labeled "Stain 2" The laboratory failed to label secondary containers with name, lot numbers, and poured /expiration dates. Without proper labeling, the stains could not be linked to their original containers. 2. During an interview on 10/13/2022 at 11:09 a.m., the Laboratory Director confirmed the above findings.