

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2169878	(X3) Date Survey Completed 03/19/2025
Name of Provider or Supplier West Texas Digestive Disease Center Pa	Street Address, City, State 5115-80th Street, Lubbock, 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. Standard level deficiency was cited.
D5313	<p>SPECIMEN SUBMISSION, HANDLING, AND REFERRAL CFR(s): 493.1242(b)</p> <p>(b) The laboratory must document the date and time it receives a specimen.</p> <p>This STANDARD is not met as evidenced by: Based on review of test reports, interview, and pre-survey paperwork, the laboratory failed to document the date and time it received the specimen for eight of eight test reports in histopathology reviewed from 02/17/2025. Findings follow. A. Review of test reports CV25-00226-WT to CV25-000234-WT were all collected on 02/13/2025 and showed received on 02/17/2025. B. Interview with testing personnel (as listed on the CMS Form 209) on March 19, 2025 at 1020 hours acknowledged the received date was the date the lab received the slides, not the date the specimen was received for grossing. The date and time the specimen was received for grossing was not documented. C. Review of the pre-survey paperwork CMS Form 116 showed approximately 40 blocks were tested annually.</p>