

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  45D2182395	<b>(X3) Date Survey Completed</b>  01/12/2026
<b>Name of Provider or Supplier</b>  Tdcj Montford Unit-Clinical Laboratory	<b>Street Address, City, State</b>  8602 Peach St, Lubbock, 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>	Based on a proficiency testing desk review survey performed on January 12, 2026, the laboratory was found to be out of compliance based on the following <b>CONDITION LEVEL DEFICIENCIES</b> : D2016 - 42 C.F.R. 493.803 Condition: Successful participation D6000 -42 C.F.R. 493.1403 Condition: Laboratories performing moderate complexity testing; laboratory director.
<b>D2016</b>	<p><b>SUCCESSFUL PARTICIPATION</b> CFR(s): 493.803(a)(b)(c)</p> <p>(a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history.</p> <p>This <b>CONDITION</b> is not met as evidenced by: Based on a review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile, and confirmed by the laboratory, the laboratory failed to achieve successful performance in two of two</p>

	<p>consecutive testing events for 2025, resulting in unsuccessful performance. Refer to D2096.</p>
<b>D2096</b>	<p><b>ROUTINE CHEMISTRY</b> CFR(s): 493.841(f)</p> <p>(f) Failure to achieve satisfactory performance for the same analyte or test in two consecutive testing events or two out of three consecutive testing events is unsuccessful performance.</p> <p>This STANDARD is not met as evidenced by: Based on a desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile, and confirmed with the laboratory, the laboratory failed to achieve an overall testing event score of satisfactory performance (80% or greater) for two of two consecutive testing events for Total Bilirubin testing in 2025. Two out of two overall testing event scores of unsatisfactory performance results in unsuccessful PT performance. The findings included: 1. A review of the CASPER Report 155 listed the following scores for Total Bilirubin: Total Bilirubin - 2025 Event 2 - 20% Total Bilirubin - 2025 Event 3 - 40% 2. In an interview on 1/12/2026 at 10:35 hours, over the phone, the laboratory manager confirmed that the laboratory failed Total Bilirubin testing for the 2025 Event 2 and Event 3.</p>
<b>D6000</b>	<p><b>MODERATE COMPLEXITY LABORATORY DIRECTOR</b> CFR(s): 493.1403</p> <p>The laboratory must have a director who meets the qualification requirements of 493.1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart.</p> <p>This CONDITION is not met as evidenced by: Based on a desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile, and confirmed by the laboratory, the laboratory director failed to ensure successful participation in an HHS approved proficiency testing program for Total Bilirubin testing for two of two events in 2025. Refer to [D6016].</p>
<b>D6016</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(4)(i)</p> <p>(e)(4)(i) The proficiency testing samples are tested as required under Subpart H of this part;</p> <p>This STANDARD is not met as evidenced by: Based on a desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile, and confirmed by the laboratory, the laboratory director failed to ensure successful participation in a HHS approved proficiency testing program for Total Bilirubin testing for two of two events in 2025. Refer to D2096.</p>