

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2217639	(X3) Date Survey Completed 08/16/2022
Name of Provider or Supplier Gastroenterology Consultants Of Laredo Pathology	Street Address, City, State 6999 Mcperson Road, Suite 211-C, Laredo, 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	<p>Noted deficiencies and plans of correction were discussed with the laboratory representatives at the entrance and exit conferences. The facility representatives were given an opportunity to provide evidence of compliance with the noted deficiency, 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 certification 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.</p>
D6102	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(12)</p> <p>The laboratory director must ensure that prior to testing patients' specimens, all personnel have the appropriate education and experience, receive the appropriate training for the type and complexity of the services offered, and have demonstrated that they can perform all testing operations reliably to provide and report accurate results.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's submitted Form CMS 209, review of the laboratory's personnel files, and staff interview, it was revealed the facility failed to have documentation of training for 1 of 1 testing personnel. The findings include: 1. A review of the laboratory's submitted Form CMS 209 revealed the laboratory identified 1 testing personnel. Testing personnel number one (as listed on Form CMS 209) performing grossing of GI specimens. 2. A review of the laboratory's personnel records revealed the facility failed to have documentation of training for testing</p>

personnel number 1. 3. The laboratory was asked to provide documentation of training. No documentation was provided. 4. An interview with testing personnel number 1 on 08/16/2022 at 1030 hours in the break room confirmed the findings.