

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2222856	(X3) Date Survey Completed 01/15/2023
Name of Provider or Supplier Houston Marathon Field Hospital	Street Address, City, State 1001 Avenida De Las Americas, Houston, 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 representative(s) at the exit conference. The facility representative(s) were 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 in compliance with applicable CLIA Conditions, 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 CMS Southern Operations Branch-Dallas for referral to the Office of 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>
D6029	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(11)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(11) 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 209, review of the laboratory's personnel records and staff interview, it was determined the Laboratory Director failed to ensure the laboratory personnel's training and competency assessments were documented for two of two testing personnel. Findings included: 1. Review of the laboratory's submitted form 209 revealed the laboratory employed two Testing</p>

Personnel (TP). 2. Review of the laboratory's personnel records revealed no documentation of training or competency assessment to ensure staff can demonstrate that they can perform all testing operations reliably and provide accurate results, for either of the two testing personnel. 3. In an interview on 01/15/2022 at 0830 hours in the testing area, the laboratory's Testing Person number 1, confirmed there was no documentation of training and competency assessment of testing personnel available for review.