

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  45D2299444	<b>(X3) Date Survey Completed</b>  02/11/2026
<b>Name of Provider or Supplier</b>  Michael G Valpiani Md Az Ltd	<b>Street Address, City, State</b>  16922 Telge Rd, Suite 2b, Cypress, 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>	The Michael G Valpani MD AZ LTD laboratory was found to be in compliance with the Conditions of the CLIA regulations found at 42 CFR 493.1 through 493.1780, CLIA requirements for laboratories as a result of a recertification survey on 2/11/26 and recertification is recommended. Standard level deficiencies were cited.
<b>D6120</b>	<p><b>TECHNICAL SUPERVISOR RESPONSIBILITIES</b> CFR(s): 493.1451(b)(7)(8)</p> <p>(b)(7) Identifying training needs and assuring that each individual performing tests receives regular in-service training and education appropriate for the type and complexity of the laboratory services performed; (b)(8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor observation, a review of the laboratory's policies, personnel records, and staff interview, the laboratory failed to have documentation of the technical supervisor performing a separate and distinct competency assessment on four of five testing personnel performing toxicology testing in 2025 and 2026. Findings include: 1. Surveyor observation of the laboratory on 2/11/26 at 9:35 a.m. revealed three separate laboratories operating in suite B. 2. A review of the laboratory's policy titled 'Separation of Lab for MultiLab Sites' revealed the following: "Multiple laboratories may operate at the same physical location (e.g. same building or suite, as applicable) with separate CLIA numbers, as long as each laboratory can demonstrate that it is operating as a separate and distinct entity. The following separation must be made in the laboratory in order to comply with this requirement. Personnel Competencies: Competencies for lab staff are to be documented per each lab start date of receiving samples." 3. A review of the laboratory's personnel records revealed the technical supervisor performed competency assessments for the following 4 testing personnel, but there was no</p>

documentation of which laboratory they were for: a) Testing person #1 - Competency Assessment: LC-MS/MS Quanting and Resulting Performed: 12/29/25 - Competency Assessment: Specimen Processing and Storage Performed: 1/28/26 - Competency Assessment: LC-MS/MS Sample Prep Performed: 1/28/26 b) Testing person #3 - Competency Assessment: Specimen Processing and Storage Performed: 1/28/26 - Competency Assessment: LC-MS/MS Sample Prep Performed: 1/28/26 c) Testing person #4 - Competency Assessment: Specimen Processing and Storage Performed: 1/10/26 d) Testing person #5 - Competency Assessment: LC-MS/MS Quanting and Resulting Performed: 12/22/25 4. In an interview on 2/11/26 at 11:00 a.m. in the office, after review of the records, the technical supervisor confirmed that the competency assessments performed were intended to be used for all laboratories operating in suite B.