Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	01D0305732	08/04/2026
Name of Provider or Supplier	**Street Address, City, State**	
Southern Cancer Center	6701 Airport Blvd, Mobile, AL	

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
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (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. This CONDITION is not met as evidenced by: Based on review of American Proficiency Institute (API) Proficiency Testing (PT) records and interview with the Laboratory Director (LD), the laboratory failed to implement a mechanism to correct the problem with the unsuccessful performance in the Glucose and Total Protein (TP), both regulated analytes. The surveyor noted the PT failures occurred in two out of three consecutive events from 2025 to 2026. The findings include: Refer to D2096.
D2096	ROUTINE CHEMISTRY CFR(s): 493.841(f)

	(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. This STANDARD is not met as evidenced by: Based on review of the American Proficiency Institute (API) Proficiency Testing (PT) records and an interview with the Laboratory Director (LD), the laboratory received failing scores for the Glucose and Total Protein (TP), which are regulated analytes, for two out of three consecutive Chemistry Core testing events in 2025-2026. The findings include: 1. A review of the API PT records presented the laboratory failed to attain satisfactory performance for the following analytes: a) 2025 Chemistry Core 3rd Event, Glucose was 20%, TP was 0% b) 2026 Chemistry Core 2nd Event, Glucose was 20%, TP was 40% 2. A further review of the API PT records showed the laboratory did investigations of the failed analytes, but the corrective action implemented after the 2025 Chemistry Core 3rd Event did not rectify the problem in the 2026 Chemistry Core 2nd Event. 2. The LD confirmed the above findings during the exit conference on 08-04-2026 at 2:46 PM.
D5481	CONTROL PROCEDURES CFR(s): 493.1256(f)(g) (f) Results of control materials must meet the laboratorys and, as applicable, the manufacturers test system criteria for acceptability before reporting patient test results. (g) The laboratory must document all control procedures performed. This STANDARD is not met as evidenced by: Based on review of the Chemistry Quality Control (QC) records for the Medica Easy RA analyzer, the patient history records and interview with the Laboratory Director (LD), the laboratory failed to ensure both levels of QC were within acceptable limits prior to patient testing. The surveyor noted level three QC for Total Protein (TP) testing was outside acceptable limits for 3 of the 31 days in July 2025. The findings include: 1. A review of the Medica Easy RA QC records indicated the level 3 of the TP QC was outside acceptable limits for the following days, July 16, 2025, July 17,2025 and July 18, 2025. 2. A review of the patient history records displayed 36 patient TP were performed during the three days. 3. The LD confirmed the above findings during the exit conference on 08-04-2026 at 2:46 PM.