

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 02D0917382	(X3) Date Survey Completed 01/07/2026
Name of Provider or Supplier Peacehealth Medical Group	Street Address, City, State 1800 Craig-Klawock Highway, Craig, AK	
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	The following deficiencies are a result of a desk review of proficiency testing scores obtained from the national database and verified with the proficiency testing company. The facility was found to be out of compliance with the conditions of the CLIA program. The following CONDITION LEVEL DEFICIENCIES were found to be out of compliance: D2016 - 42 C.F.R. 493.803 condition: successful participation [proficiency testing]
D2016	<p>SUCCESSFUL PARTICIPATION 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 CONDITION is not met as evidenced by: Based on an off-site desk review of proficiency testing (PT) records from the Certification and Survey Provider Enhanced Reporting (CASPER) PT Report and the</p>

laboratory's 2025 College of American Pathologists (CAP) proficiency testing records, it was determined the laboratory failed to attain a score of at least eighty percent (80%) of acceptable responses for Chemistry PO2 in two (2) out of three (3) testing events. See 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 an off-site PT desk review of the CASPER PT report and CAP 2025 records, the laboratory failed to achieve an overall satisfactory performance of at least eighty percent (80%) for Chemistry PO2 in two (2) out of three (3) testing events (2nd and 3rd events). The findings include: 1. A review of the CASPER 0155 report revealed the following: a. The laboratory received an unsatisfactory score of 0% for PO2 analyte on the AQIS-B 2025 event. b. The laboratory received an unsatisfactory score of 60% for PO2 analyte on the AQIS-C 2025 event. 2. A review of the proficiency testing records from CAP confirmed the above findings.