Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	02D2144657	11/26/2025
Name of Provider or Supplier	**Street Address, City, State**	
Fairbanks Urology	1211 Cushman St, Fairbanks, 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	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 an off-site desk review of the laboratory's 2025 American Association of Bioanalysts (AAB) proficiency testing records and an email with the laboratory

	director on 11/11/25 , it was determined the laboratory failed to attain a score of at least eighty (80) percent of acceptable responses for the Hematology Red Blood Cell /Erythrocyte (RBC) count in two (2) out of three (3) Hematology testing events. See D2130
D2130	HEMATOLOGY CFR(s): 493.851(f) (f) Failure to achieve satisfactory performance for the same analyte in two consecutive 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 desk review of the laboratory's 2025 American Association of Bioanalysts (AAB) proficiency testing records and an email with the laboratory director on 11/11/25 , it was determined the laboratory failed to attain a score of at least eighty (80) percent of acceptable responses for the Hematology Red Blood Cell /Erythrocyte (RBC) count in two (2) out of three (3) Hematology testing events. Findings include: 1. Desk review of the laboratory's 2025 AAB PT records revealed RBC count scores of less than eighty (80) percent for the following Hematology events: 2025 AAB-MLE M1 - score of 0% 2025 AAB-MLE M3 - score of 40% 2. In an email with the laboratory director on 11/11/2025, it was confirmed that the laboratory was unsuccessful in the PT events listed above.