Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	05D0543664	01/27/2026
Name of Provider or Supplier	**Street Address, City, State**	
Nassir Medical Corporation Laboratory	5901 W Olympic Blvd, Ste 505, Los Angeles, CA	

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
D2087	ROUTINE CHEMISTRY CFR(s): 493.841(a) (a) Failure to attain a score of at least 80 percent of acceptable responses for each analyte in each testing event is unsatisfactory analyte performance for the testing event. This STANDARD is not met as evidenced by: Based on the surveyor's review of the American Proficiency Institute (API) proficiency testing (PT) records and interviews with the testing personnel (TP) on January 27, 2026, it was determined that the laboratory failed to attain at least 80 percent of the acceptable score in Routine Chemistry for the Total Bilirubin (TBil) analyte during the first event of 2023 (Q1-2023). The findings include: 1. The surveyor reviewed the PT records wherein API reported an unsatisfactory score of 60% for the TBil analyte in the Routine Chemistry subspecialty for the Q1-2023. 2. The TP affirmed by an interview on January 27, 2026, at approximately 9:40 a.m. that the laboratory obtained the unsatisfactory PT scores for the TBil analyte as mentioned in statement #1. 3. According to the laboratory's testing declaration form (Lab-144) submitted at the time of the survey, the laboratory performed approximately 105,000 patient test samples annually in Routine Chemistry including the TBil analyte during the time when the laboratory received unsatisfactory proficiency testing scores.
D2121	HEMATOLOGY CFR(s): 493.851(a) (a) Failure to attain a score of at least 80 percent of acceptable responses for each analyte in each testing event is unsatisfactory analyte performance for the testing event.

	This STANDARD is not met as evidenced by: Based on the surveyor's review of the American Proficiency Institute (API) proficiency testing (PT) records, and an interview with the testing personnel (TP) on January 27, 2026, it was determined that the laboratory failed to attain a score of at least 80% of the acceptable responses for Red Blood Cell (RBC) count which is an unsatisfactory analyte performance for the testing event. The findings include: 1. The surveyor's review of the PT documentation indicated that the laboratory participated in the API PT program for the first event of 2024 (Q1-2024) and obtained a score of 20% for RBC count. Therefore, the accuracy of the patient test results for WBC count reported by the laboratory during the failed proficiency testing period cannot be assured and might have caused potential patient harm. 2. On January 27, 2026, at approximately 9:40 a.m., the TP affirmed by an interview that the laboratory received less than 80% score at the Q1-2024 PT event for the RBC count analyte in Hematology specialty. 3. The laboratory's testing declaration form, signed by the laboratory director on 01/26/2026 stated that the laboratory performed approximately 50,000 tests in Hematology annually which included the RBC count analyte.
D5209	PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235 As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency. This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's policy and procedure, ten randomly chosen patient records, personnel competency documentation, and an interview with the testing personnel 1 (TP1); as specified in the personnel requirements in subpart M, it was determined that the laboratory failed to follow their policy that the personnel competency assessment was performed by the laboratory director prior to patient testing. The findings include: 1. The surveyor reviewed ten randomly chosen patient records wherein, two out of three testing personnel had competency assessments performed by TP1 who was an unqualified technical consultant or a laboratory director. The competency records are as followed: a. TP1 performed TP2's competency assessment for the years 2022 and 2023. b. TP1 performed TP3's competency assessment for the years 2023, 2024 and 2025. 2. Further review of the personnel competency documentation revealed that the competency assessment for TP2 was missed to be performed in the years 2024 and 2025. No corrective action documentation was available at the time of the survey. 3. The quality and reliability of patient samples processed and reported could not be assured including the ten randomly chosen records reviewed. 4. The TP1 affirmed in an interview on January 27, 2026, at approximately 11:25 a.m. that the competency assessments for the TP2 and TP3 were not performed by the laboratory director. 5. According to the testing declaration form (Lab-144) submitted at the time of the survey, the laboratory reported and performed approximately 156,350 patient samples annually, including the time when the competency assessment policy was not followed and TP2's competencies were missed for the years 2024 and 2025.
D6004	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(a)(b) 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. (a) The laboratory director, if qualified, may perform the duties of the technical consultant, clinical consultant, and testing personnel, or delegate these responsibilities to personnel meeting the qualifications of 493.1409, 493.1415, and 493.1421, respectively. (b) If the laboratory director reapportions performance of his or her responsibilities, he or she remains responsible for ensuring that all duties are properly performed. This STANDARD is not met as evidenced by: Based on the deficiency cited for the testing personnel, a review of the competency assessment records, delegation of responsibility documentation, and an interview with the Testing Personnel 1 on January 27, 2026, the laboratory director is herein cited for failure to ensure that the established delegation of responsibilities documentation and policy were followed. See D5209. .
D6016	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(i) (e)(4)(i) The proficiency testing samples are tested as required under Subpart H of this part; This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's policy and procedure, proficiency testing documentation, and an interview with the testing personnel on January 27, 2026, this deficiency is herein cited for the laboratory director due to failure to ensure that proficiency testing samples were tested as required under Subpart H of this part. The findings include: 1. The laboratory obtained an unsatisfatory score in the Routine Chemistry proficiency testing for the first event of 2023. See D2087. 2. The laboratory obtained an unsatisfactory score for the first event in 2024 in the Hematology proficiency testing. See D2121.