

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0558842	(X3) Date Survey Completed 08/07/2026
Name of Provider or Supplier Providence Facey Medical Foundation-	Street Address, City, State 11333 Sepulveda Blvd, Ste 100, Mission Hills, 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) documentation and interviews with the supervisor and technical consultant (TC) on August 7, 2026, the laboratory failed to attain at least 80 percent acceptable responses for the Troponin-I analyte for the first PT event of 2024 (Q1-2024) and the Chloride for the second event of 2024 (Q2-2024). The findings include: 1. The surveyor reviewed the laboratory's API PT documentation and found that the laboratory obtained unsatisfactory scores for the following: a. 60 percent for the Troponin-I analyte for the Q1-2024 event; b. 60 percent for the Chloride analyte for the Q2-2024 event. 2. During an interview on August 7, 2026, at approximately 10:25 a.m., the supervisor and TC confirmed that the laboratory obtained the unsatisfactory scores as mentioned in statement #1. 3. According to the laboratory's testing declaration form (Lab-144) submitted at the time of survey, the laboratory performed and reported approximately 1,765 patient samples annually for Chemistry specialty including the time when the laboratory obtained unsatisfactory scores for Troponin-I and Chloride analytes. .
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) documentation and interviews with the supervisor and technical consultant (TC) on August 7, 2026, the laboratory failed to attain at least 80 percent acceptable responses for the Red Blood Cell (RBC) analyte for the second event of 2023 (Q2-2023). The findings include: 1. The surveyor reviewed the laboratory's API PT documentation and found that the laboratory obtained an unsatisfactory score of 60 percent for the RBC analyte during the Q2-2023 event. 2. During an interview on August 7, 2026, at approximately 10:30 a.m., the supervisor and TC confirmed that the laboratory obtained the unsatisfactory scores as mentioned in statement #1. 3. According to the laboratory's testing declaration form (Lab-144) submitted at the time of survey, the laboratory performed and reported approximately 32,352 patient samples annually for Hematology specialty that included the RBC analyte during the time when the unsatisfactory score was obtained. .

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 competency assessment policy and procedure, ten randomly chosen patient records, lack of personnel competency documentation, and an interview with the supervisor and technical consultant on August 7, 2026, as specified in the personnel requirements in subpart M, it was determined that the laboratory failed to follow the written personnel competency assessment policy and procedure. The findings include: 1. The laboratory did not follow its written and approved personnel competency assessment policy, which stated that: o Competency must be performed semi-annually during the first year of testing and annually thereafter. o Competency must assess performance across the preanalytic, analytic, and postanalytic phases of testing. o Personnel must receive competency at 6 months, 12 months, and annually thereafter. o The technical consultant is responsible for conducting, evaluating, and signing competency assessments. 2. Record review showed that the supervisor, a registered nurse who was unqualified under 493.1411, performed all competency assessments for moderate complexity testing personnel. No documentation showed that the technical consultant conducted or evaluated these assessments. 3. The laboratory failed to perform initial competency assessments for all testing personnel for the Sysmex XN430 in 2024. No corrective action documentation was available for review during the survey. 4. Patient 261260002, tested on 5/5/2026 for BNP, was tested by a medical laboratory technician (MLT) whose competency assessment had been performed by the unqualified supervisor. 5. During an interview on August 7, 2026, at approximately 2:30 PM, the supervisor and technical consultant confirmed that the laboratory missed all initial competency assessments in 2024 and that the testing personnel who performed testing on 5/5/2026 did not have a valid competency assessment on record. 6. According to the testing declaration form (Lab 144) submitted at the time of the

	survey, the laboratory reported and performed approximately 34,328 patient samples annually, including during the period when competency assessments were not conducted according to policy.
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 review of the American Proficiency Institute (API) records for Q2-2023, Q1-2024 and Q2-2024 events, the laboratory director failed to ensure successful proficiency testing participation as required in this subpart. The findings include: 1. The laboratory obtained unsatisfactory score for Chemistry specialty during the Q1-2024 and Q2-2024 events. See D2087. 2. The laboratory obtained unsatisfactory score for Hematology specialty during the Q2-2023 event. See D2121.
D6028	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(10) (e)(10) Employ a sufficient number of laboratory personnel with the appropriate education and either experience or training to provide appropriate consultation, properly supervise and accurately perform tests and report test results in accordance with the personnel responsibilities described in this subpart; This STANDARD is not met as evidenced by: Based on the discrepancies in the testing personnel competency assessment documentation, review of patient records and interviews with the supervisor and technical consultant on August 7, 2026, the laboratory director is herein cited for failure to ensure that prior to testing, competency assessments were performed and documented by a qualified personnel as described in this subpart. See D5209