Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	05D0642731	08/11/2026
Name of Provider or Supplier	**Street Address, City, State**	
Med Science Center Inc	435 Arden Ave, Ste 140, Glendale, 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
D2020	BACTERIOLOGY CFR(s): 493.823(a) 493.823(a) Failure to attain an overall testing event score of at least 80 percent is unsatisfactory performance. This STANDARD is not met as evidenced by: Based on the surveyor's review of the American Association of Bioanalysts - Medical Laboratory Evaluation (AAB-MLE) proficiency testing (PT) records, CASPER Report 0155D, and interviews with the laboratory director (LD), testing personnel (TP) and technical consultant (TC) on August 11, 2026, the laboratory failed to attain an overall testing event score of at least 80 percent in Bacteriology for the third event of 2024 (Q3-2024) and third event of 2025 (Q3-2025). The findings include: 1. The laboratory was enrolled under AAB-MLE PT program and obtained an unsatisfactory scores of 77% during the Q3-2024 and 79% for Q3-2025 events for the Bacteriology subspecialty. This was further verified using the CASPER 0155D Individual Laboratory Profile report. 2. During an interview on August 11, 2026, at approximately 9:00 a.m., the LD, TP and TC confirmed that the laboratory obtained unsatisfactory scores for the Q3-2024 and Q3-2025 events due to the scores received under Antibiotic susceptibility testing. 3. According to the laboratory's testing declaration submitted at the time of the survey, the laboratory tested and reported approximately 10,000 patient tests annually for Bacteriology subspecialty during the time the unsatisfactory scores were obtained. .
D2066	SYPHILIS SEROLOGY CFR(s): 493.835(a) (a) Failure to attain an overall testing event score of at least 80 percent is unsatisfactory performance.

	This STANDARD is not met as evidenced by: Based on the surveyor's review of the American Association of Bioanalysts - Medical Laboratory Evaluation (AAB-MLE) proficiency testing (PT) records, CASPER 0155 report and an interview with the laboratory director (LD), technical consultant (TC) and testing personnel (TP) on August 11, 2026, the laboratory failed to attain at least 80 percent of the acceptable score in the subspecialty of Syphilis Serology for the second event of 2025 (Q2-2025). The findings include: 1. The surveyor reviewed the laboratory's PT records wherein AAB-MLE reported an unsatisfactory score of 20% for the Syphilis Serology subspecialty for the Q2-2025 event. This was further verified from the CASPER 0155 report. 2. During an interview on August 11, 2026, at approximately 9:00 a.m., the LD, TC, and TP confirmed that the laboratory obtained the 20% unsatisfactory score for Syphilis Serology during the Q2-2025 event. 3. According to the laboratory's testing declaration submitted on the day of the survey, the laboratory performed approximately 1,000 patient test samples for Syphilis Serology subspecialty annually including the time the laboratory received unsatisfactory proficiency testing scores. .
D2075	GENERAL IMMUNOLOGY CFR(s): 493.837(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 surveyor's review of the laboratory's American Association of Bioanalysts - Medical Laboratory Evaluation (AAB-MLE) proficiency testing (PT) records and interviews with the laboratory director (LD), technical consultant (TC) and testing personnel (TP) on August 11, 2026, the laboratory failed to attain a score of at least 80 percent of acceptable responses for the Infectious Mononucleosis test during the second event of 2025 (Q2-2025). The findings include: 1. The laboratory participated in the AAB-MLE PT program and obtained an unsatisfactory score of 0% for the Infectious Mononucleosis test during the Q2-2025 event. 2. The LD, TC and TP confirmed by an interview on August 11, 2026, at approximately 9:00 a.m. that the laboratory received the unsatisfactory PT scores for the Infectious Mononucleosis test during the Q2-2025 event. 3. According to the testing declaration form submitted at the time of survey, the laboratory tested and reported approximately 22,000 General Immunology patient test samples annually including Infectious Mononucleosis test during the time when unsatisfactory scores were obtained. .
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 laboratory's American Association of Bioanalysts - Medical Laboratory Evaluation (AAB-MLE) proficiency testing (PT)

	documentation, CASPER 0155D Individual Laboratory Profile report, and interviews with the laboratory director (LD), testing personnel (TP) and technical consultant (TC) on August 11, 2026, the laboratory failed to attain at least 80 percent acceptable responses for the Alkaline Phosphatase (ALP) and Carbon Dioxide (CO2) analytes during the third event of 2025 (Q3-2025) and Iron during the first event of 2026 (Q1-2026). The findings include: 1. The surveyor reviewed the AAB-MLE PT documentation and found that the laboratory obtained unsatisfactory scores of the following: a. 0% ALP analyte during the Q3-2025 event; b. 0% CO2 analyte during the Q3-2025 event; c. 60% Iron analyte during the Q1-2026 event. The scores were verified using the CASPER 0155D Individual Laboratory profile report. 2. During an interview on August 11, 2026, at approximately 9:00 a.m., the LD, TP and TC confirmed that the laboratory obtained unsatisfactory scores for ALP and CO2 analytes in the Q3-2025 event and Iron analytes in the Q1-2026 event. 3. According to the laboratory's testing declaration form (Lab-144) submitted at the time of survey, the laboratory performed and reported approximately 300,000 patient samples annually for Routine Chemistry that included the ALP, CO2 and Iron analytes including the time when the laboratory obtained unsatisfactory scores. .
D2098	ENDOCRINOLOGY CFR(s): 493.843(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 Association of Bioanalysts - Medical Laboratory Evaluation (AAB-MLE) proficiency testing (PT) records and interviews with the laboratory director (LD), technical consultant (TC) and Testing Personnel on August 11, 2026, the laboratory failed to attain at least 80 percent of the acceptable score in Endocrinology for the CA125 analyte during the first event of 2025 (Q1-2025) and Thyroid-Stimulating Hormone (TSH) analyte for the first event of 2026 (Q1-2026). The findings include: 1. The surveyor reviewed the AAB-MLE PT performance evaluation documentation and found that the laboratory obtained an unsatisfactory score of 40% for the CA125 analyte in Q1-2025 event and 40% TSH analyte during the Q1-2026. The report is as follows: 2. The LD, TC and TP confirmed by an interview on August 11, 2026, at approximately 9:00 a.m. that the laboratory obtained unsatisfactory PT scores for the CA125 analyte during the Q1-2025 event and TSH analyte during the Q1-2026 event. 3. According to the laboratory's testing declaration, the facility performed and reported approximately 26,000 Endocrinology patient test samples-including CA125 and TSH analytes annually, during the period when the laboratory received unsatisfactory proficiency testing scores. .
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, eight patient records from August 1, 2024 to May 15, 2026, lack of personnel competency documentation, and an interview with the laboratory director on August 11, 2026, as specified in the personnel requirements in subpart M, the laboratory failed to follow the written personnel competency assessment policy and procedure. The findings include: 1. The laboratory's policy and procedure for testing personnel competency assessment aligned with CLIA requirements but was not followed. 2. Record review showed that the testing personnel lacked competency assessment documentation prior to testing the eight patient samples from August 1, 2024 to May 15, 2026. Specimen ID Date Tested 937564 08/01/2024 01004333 02/18 /2025 1019954 05/06/2025 1020774 06/01/2025 01014041 11/12/2025 01012867 10 /10/2025 10168869 02/06/2026 01020272 05/15/2026 3. During an interview on August 11, 2026, at approximately 11:06 a.m., the laboratory director confirmed that the laboratory failed to conduct and document the annual competencies of all testing personnel for the years 2024, 2025, and 2026. 4. No corrective action was available for review at the time of the survey. 5. According to the testing declaration form submitted at the time of the survey, the laboratory performed and reported approximately 460,750 patient samples annually including the time when all testing personnel had no competency assessment record. .
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 proficiency testing (PT) records, CASPER 0155D report and American Association of Bioanalysts - Medical Laboratory Evaluation (AAB-MLE) records for 2024 and 2025 PT 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 Bacteriology subspecialty. See D2020 2. The laboratory obtained unsatisfactory score for Syphilis Serology subspecialty. See D2066 3. The laboratory obtained unsatisfactory score for General Immunology subspecialty. See D2075 4. The laboratory obtained unsatisfactory score for Routine Chemistry subspecialty. See 2087 5. The laboratory obtained unsatisfactory score for Endocrinology subspecialty. See S2098
D6029	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(11) (e)(11) Ensure that prior to testing patients specimens, all personnel have the appropriate education and experience, receive the appropriate training for the type and complexity of the services offered, and have demonstrated that they can perform all testing operations reliably to provide and report accurate results; This STANDARD is not met as evidenced by: Based on the lack of competency assessment records for all testing personnel and an interviews with the laboratory director on August 11, 2026, the laboratory director

	failed to ensure that, prior to patient testing, all testing personnel had the appropriate training and demonstrated the ability to perform testing operations reliably. See D5209 .