

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0990631	(X3) Date Survey Completed 08/14/2026
Name of Provider or Supplier Executive Physical Program	Street Address, City, State 8900 Wilshire Blvd, Ste 360, Beverly 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, CASPER 0155D Individual Laboratory Profile report, and interviews with the technical consultant (TC) and administrator on August 14, 2026, the laboratory failed to attain at least 80 percent acceptable responses for multiple analytes in different testing events from 2023 to 2025. The findings include: 1. The surveyor reviewed the API PT documentation and found that the laboratory obtained unsatisfactory scores of the following: a. 60% Sodium analyte during the second event of 2023; b. 60% Albumin analyte during the third event of 2024; b. 0% Aspartate aminotransferase (AST) and Total Protein analytes during the third event of 2024; c. 0% Amylase analyte during the first event of 2025; d. 60% for Calcium, Glucose and Iron analytes during the first event of 2025; e. 20% Cholesterol analyte during the first event of 2025; f. 40% Gamma-Glutamyl Transferase (GGT) analyte during the first event of 2025; g. 0% Lactate Dehydrogenase analyte during the second event of 2025; h. 60% Phosphorus analyte during the second event of 2025; i. 0% Alkaline Phosphatase and Carbon Dioxide analytes during the third event of 2025; The scores were verified using the CASPER 0155D Individual Laboratory profile report. 2. During an interview on August 14, 2026, at approximately 9:13 a.m., the TC and administrator confirmed that the laboratory obtained the unsatisfactory scores for multiple analytes in different testing events from 2023 to 2025. 3. According to the laboratory's testing declaration form (Lab-144) submitted at the time of survey, the laboratory performed and reported approximately 865 patient samples annually in Routine Chemistry including the time when the laboratory obtained

	unsatisfactory scores for multiple analytes in different testing events from 2023 to 2025. .
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 Proficiency Institute (API) proficiency testing (PT) records and an interview with the technical consultant and administrator on August 14, 2026, the laboratory failed to attain at least 80 percent of the acceptable score in Endocrinology for the Folate analyte for the first event of 2025 (Q1-2025) and Follicle-Stimulating Hormone (FSH) analyte during the third event of 2025 (Q3-2025). The findings include: 1. The surveyor reviewed the API PT performance evaluation documentation and found that the laboratory obtained an unsatisfactory score of 20% for the Folate analyte in Q1-2025 event and 40% FSH analyte during the Q3-2025. The report is as follows: a. 20% Folate analyte score for the Q1-2025 event: Sample Result Expected IA-01 *12.0 4.5 - 8.5 IA-02 *15.5 6.5 - 12.3 IA-03 0.5 0.0 - 1.0 IA-04 *3.3 0.5 - 2.6 IA-05 *7.0 2.6 - 5.0 b. 40% FSH analyte score for the Q3-2025 event: Sample Result Expected IA-11 0.0 0.0 - 1.0 IA-12 *14.4 14.8 - 21.0 IA-13 *24.7 25.2 - 36.3 IA-14 46.6 44.6 - 64.3 IA-15 *34.2 34.7 - 50.0 Legend: * = unsatisfactory score 2. The technical consultant and administrator confirmed by an interview on August 14, 2026, at approximately 9:13 a.m. that the laboratory obtained unsatisfactory PT scores for the Folate analyte during the Q1-2025 event and FSH analyte during the Q3-2025 event. 3. According to the laboratory 's testing declaration, the facility performed and reported approximately 698 Endocrinology patient test samples-including Folate and FSH analytes annually, including the period 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, the CASPER 0155D report, and an interview with the technical consultant and administrator on August 14, 2026, it was determined that the laboratory failed to achieve at least 80 percent acceptable responses for multiple analytes in Hematology specialty during the first event of 2024 (Q1-2024). The findings include: 1. Review of the laboratory's API PT records showed that the laboratory received unsatisfactory scores for the following analytes during the Q1-2024 event: a. 67% Cell ID test; b. 40% Red Blood Cell (RBC) and Hematocrit analytes; c. 60% Hemoglobin analyte; d. 60% Platelet analyte. These results were further verified through the CASPER 0155D report. 2. During an interview on August

	14, 2026, at approximately 9:13 a.m., the technical consultant and administrator confirmed that the laboratory received the unsatisfactory scores for the Cell ID test, RBC, Hematocrit, Hemoglobin, and Platelet analytes during the Q1-2024 event. 3. According to the testing declaration form (Lab-144) submitted on the day of the survey, the laboratory tested and reported approximately 763 patient sample results annually for Hematology specialty that included the Cell ID test, RBC, Hematocrit, Hemoglobin, and Platelet analytes. .
D3031	RETENTION REQUIREMENTS CFR(s): 493.1105(a)(3) Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years. In addition, retain the following: This STANDARD is not met as evidenced by: Based on the review of the laboratory's policy for record retention, ten patient test records from September 11, 2024 to May 26, 2026, lack of preventive maintenance (PM), quality control, and patient test records and interviews with the technical consultant and administrator on August 14, 2026, the laboratory failed to retain analytic system records for at least 2 years. The findings include: 1. The laboratory's policy for record retention was not followed as evidenced by: a. Six of the ten requested patient test records were not retrievable at the time of the survey. b. Seven of the ten requested patient records lacked retrievable preventive maintenance documentation. c. Six of the ten requested patient records lacked retrievable quality control documentation. 2. During an interview on August 14, 2026, at approximately 2:00 p.m., the technical consultant and administrator confirmed that the laboratory failed to follow their retention policy and was unable to retrieve the analytic system records for the following dates: a. Patient #1, September 11, 2024; b. Patient #2, February 27, 2025; c. Patient #3, May 20, 2025; d. Patient #4, September 10, 2025; e. Patient #6, February 27, 2025; f. Patient #7, October 27, 2025 g. Patient #8, December 8, 2025, all records were available except for the PM documentation. 3. According to the testing declaration submitted at the time of the survey, the laboratory performed and reported approximately 2,965 patient samples annually during periods when analytic system records-including patient test records, preventive maintenance documentation, and quality control records-were not retained for at least two years. .
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 patient records from September 11, 2024 to May 26, 2026, lack of personnel competency documentation, and an interview with the technical consultant and administrator on August 14, 2026, it was determined that the laboratory did not follow its written competency assessment policies and procedures as required under

	CLIA Subpart M. 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 no competency assessment documentation was available for the testing personnel prior to performing patient testing in 2024, 2025, and 2026. Four patient records were retrieved out of the ten requested, as shown below: Accession # Date of Testing 225467 - 03/20/2026 222774 - 12/08/2025 224326 - 02/03/2026 226563 - 05/26/2026 The remaining six requested patient records were not retrievable at the time of the survey. 3. During an interview on August 14, 2026, at approximately 2:00 p.m., the technical consultant and administrator confirmed that the laboratory failed to conduct and document the competency assessment for the testing personnel prior to testing patient samples for the years 2024, 2025, and 2026. 4. No corrective action documentation was available at the time of the survey. 5. According to the testing declaration submitted at the time of the survey, the laboratory performed and reported approximately 2,965 patient samples annually during periods in which the testing personnel had no documented competency assessments for 2024, 2025, and 2026. .
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 reapporitions 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, lack of competency assessment records and interviews with the technical consultant and administrator on August 14, 2026, the laboratory director failed to ensure that the competency assessment policy was followed. See D5209. .
D6007	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(1) (e) The laboratory director must-- (e)(1) Ensure that testing systems developed and used for each of the tests performed in the laboratory provide quality laboratory services for all aspects of test performance, which includes the preanalytic, analytic, and postanalytic phases of testing; This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's records and interviews with the technical consultant and administrator on August 14, 2026, the laboratory director failed to ensure that the analytic systems were retained for at least two years. See D3031.
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 surveyors' review of the laboratory's American Proficiency Institute (API) proficiency testing documentation, CASPER 0155D report and interviews with the technical consultant and administrator on August 14, 2026, the laboratory director failed to ensure successful proficiency testing participation as required in this subpart. The findings include: 1. The laboratory obtained unsatisfactory scores in Routine Chemistry subspecialty. See D2087. 2. The laboratory obtained unsatisfactory scores in Endocrinology subspecialty. See D2098. 3. The laboratory obtained unsatisfactory scores in Hematology specialty. See D2121.