

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D2024860	(X3) Date Survey Completed 03/25/2026
Name of Provider or Supplier Comprehensive Cancer Center, La Quinta	Street Address, City, State 47647 Caleo Bay Dr, Ste 260, La Quinta, 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	<p>ROUTINE CHEMISTRY CFR(s): 493.841(a)</p> <p>(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.</p> <p>This STANDARD is not met as evidenced by: Based on the surveyor's review of the College of American Pathologists (CAP) proficiency testing (PT) records and interviews with the technical consultant (TC) and testing personnel (TP), it was determined that the laboratory failed to attain at least 80 percent of the acceptable score in Routine Chemistry for the Lactate Dehydrogenase (LDH) and Total Bilirubin (TBil) analytes. The findings include: 1. The surveyor reviewed the PT records wherein CAP reported an unsatisfactory score of the following: a. 0% unsatisfactory score for LDH analyte for the second event of 2024 (Q2-2024) due to absence of response (CAP code 42). b. 60% unsatisfactory score for TBil analyte for the third event of 2025 (Q3-2025). 2. The TC and TP affirmed by interviews on March 25, 2026, at approximately 9:40 a.m. that the laboratory obtained the unsatisfactory PT scores for the LDH and TBil analytes as mentioned in statement #1. 3. According to the laboratory's testing declaration form (Lab-144) submitted on the day of the survey, the laboratory performed approximately 657 LDH and 1,167 TBil patient test samples annually including the time when the laboratory received the unsatisfactory proficiency testing scores.</p>
D5291	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231</p>

through 493.1236.

This STANDARD is not met as evidenced by:

Based on the lack of the laboratory's policy and procedure for quality assessment and interviews with the testing personnel-1 (TP1) and testing personnel-2 (TP2), it was determined that the laboratory failed to follow their established and approved policy and procedure for an ongoing mechanism to monitor, assess, and when indicated, correct problems identified in the general laboratory systems. The findings include: 1. The laboratory failed to follow their established and approved policy and procedure for the quality assessment specific to personnel competency. In addition, the competency assessment documentation for both TP1 and TP2 were missed for the years 2024 and 2025. 2. No corrective action documentation was available for review at the time of survey. 3. The TP1 and TP2 confirmed by interviews on March 25, 2026, at approximately 11:00 a.m. that the laboratory failed to follow their established policy and that no competency assessment documentation were performed for the years 2024 and 2025. 4. According to the testing declaration (Lab-144) submitted on the day of the survey, the laboratory performed and reported approximately 21,940 tests annually including the period when the laboratory missed to perform the competency assessments for both TP1 and TP2 for the years 2024 and 2025, as specified in their 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's review of the laboratory's policy and procedure, proficiency testing documentation and interviews with the technical consultant and testing personnel on March 25, 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 unsatisfactory scores for Lactate Dehydrogenase and Total Bilirubin analytes in different testing events for Routine Chemistry. See D2087. .

D6020

LABORATORY DIRECTOR RESPONSIBILITIES

CFR(s): 493.1407(e)(5)

(e)(5) Ensure that the quality control and quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur;

This STANDARD is not met as evidenced by:

Based on the surveyor's review of the laboratory's policy and procedure, lack of personnel competency assessment records and interviews the testing personnel-1 and testing personnel-2, the laboratory director is herein cited for failure to ensure the quality assessment policy was followed to ensure compliance. The findings include: 1. The laboratory failed to follow their established and approved quality assessment policy, specific to competency assessment. See D5291