| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number** | **(X3) Date Survey Completed** |
|---|---|---|
| | 05D2246898 | 06/05/2026 |
| **Name of Provider or Supplier** | **Street Address, City, State** | |
| Sierra Hematology And Oncology Medical Center | 576 N Sunrise Ave, Ste 210, Roseville, 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 |
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| **D2127** | HEMATOLOGY<br>CFR(s): 493.851(d)<br><br>(d) Failure to return proficiency testing results to the proficiency testing program within the time frame specified by the program is unsatisfactory performance and results in a score of 0 for the testing event.<br><br>This STANDARD is not met as evidenced by:<br>Based on Surveyor review of laboratory's proficiency testing (PT) evaluation from API, and interview with the laboratory testing person on June 4, 2026, at 12:00 p.m., the laboratory failed to return the PT results for CBC test at the 1st event in 2026 leading to an unsatisfactory performance which resulted in a zero score. The findings include: 1. The laboratory received '0' score for its PT results at the 1st event in 2026. On the day of the inspection, the testing person could not provide PT records for the 1st event of 2026. Upon following up via telephone the laboratory manager informed that the laboratory ran the PT sample, however, did not submit the results to API. Therefore, it attained an unsatisfactory score of '0' at the event that resulted in an unsatisfactory analyte performance. Therefore, the accuracy of the patients' test results rendered by the laboratory during that PT event cannot be assured. 2. The laboratory testing person on June 4, 2026, at 12:00 p.m., affirmed that the laboratory could not locate the PT records. Moreover, the laboratory manager on June 25 at 1:00 p.m. confirmed that the laboratory did not submit the PT results to API for evaluation. 3. The laboratory's testing declaration form, signed by the laboratory director on 6/2 /2026, stated that the laboratory performed approximately 17,280 CBC tests, annually. |
| **D6017** | LABORATORY DIRECTOR RESPONSIBILITIES<br>CFR(s): 493.1407(e)(4)(ii)<br><br>(e)(4)(ii) Ensure that results are returned within the timeframes established by the proficiency testing program; |

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| | This STANDARD is not met as evidenced by:<br>Based on Surveyor review of laboratory's proficiency testing (PT) records from API, and interview with the laboratory testing person on June 4, 2026, at 12:00 p.m. and with the manager over the phone on June 25 at 1:00 p.m., the laboratory failed to return the PT results for CBC test at the 1st event in 2026. The findings include: See D2127. |