Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D2278647	(X3) Date Survey Completed 11/25/2025
Name of Provider or Supplier Care Oncology Center	**Street Address, City, State** 855 3rd Ave Ste 3330, Chula Vista, 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
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 review of the AAB- Medical Laboratory Evaluation proficiency testing (PT) records, and interview with the laboratory director (DL) on November 25, 2025, it was determined that the laboratory failed to attain a score of at least 80 percent of acceptable responses for Hematology for each analyte in 2023,2024 and 2025. The findings included: 1.The laboratory performed Complete Blood Count (CBC) test using Horiba ABX Pentra 60 C. The laboratory participated in the AAB proficiency testing program for Hematology testing. According to the AAB evaluation, the laboratory attained the following unsatisfactory scores: M3- 2023: Erythrocytes (RBC) = 40% M3- 2023: Platelets= 60% M2- 2024: Basophil %= 0% M2- 2024: Neutrophil %= 0% M3- 2024: Basophil %=40% M2- 2025: Neutrophil %= 0% 2. On November 25, 2025, at approximately 9:30 am, the laboratory director affirmed that the laboratory received the above unsatisfactory proficiency scores. 3. The laboratory's testing declaration form, signed by the laboratory director on November 13, 2025, stated that the laboratory performed approximately 3120 hematology tests annually.
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 review of the laboratory's quality control records (QC), and interview with the laboratory personnel on November 25, 2025, it was determined that the laboratory failed to retain quality control documentation in 2023, 2024 and 2025. The findings included: 1.The laboratory performed hematology testing using Horiba ABX Pentra 60 C. Laboratory did not retain instrument records for QC for hematology tests prior to September 2025. 2. On November 25, 2025, at approximately 10:30 am, the laboratory staff affirmed that the laboratory did not print the QC reports and instrument did not save the previous results. 3. The laboratory's testing declaration form, signed by the laboratory director on November 13, 2025, stated that the laboratory performed approximately 3120 hematology tests annually.
D6079	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(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, record and report test results promptly, accurately and proficiently, and for assuring compliance with the applicable regulations. (a) The laboratory director, if qualified, may perform the duties of the technical supervisor, clinical consultant, general supervisor, and testing personnel, or delegate these responsibilities to personnel meeting the qualifications under 493.1447, 493.1453, 493.1459, and 493.1487 respectively. (b) If the laboratory director reapportions 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 interview with laboratory staff and review of proficiency testing and quality control records on November 25, 2025, the laboratory director (LD) failed to provide overall management and direction in accordance with 493.1445 of this subpart. The findings included: 1-The LD failed to ensure the proficiency testing samples were tested as required under subpart H of 42 CFR 493. See D2121 2- The LD failed to ensure that quality control records were retained for the past two years. See D3031