Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	05D2286035	03/24/2026
Name of Provider or Supplier	**Street Address, City, State**	
L&G Laboratory Inc	14546 Hamlin St Unit 110, Van Nuys, 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 review of the AAB-Medical Laboratory Evaluation (AAB) proficiency testing (PT), the Certification and Survey Provider Enhanced Reporting (CASPER) Report 0155D Individual Laboratory Profile, five (5) randomly selected patient test records, and interviews with the laboratory's technical Consultant (TC) and testing personnel (TP); the laboratory failed to attain a score of at least 80 percent of acceptable responses for the chemical analyte Prostate Specific Antigen (PSA) Total, for the third event in 2025 (Q3-2025). The findings included: 1. Review of PT records for Q3-2025, AAB reported an unsatisfactory score for PSA Total. chemical analyte of 20%. 2. TC and TP confirmed by interview on March 24, 2026, at approximately 11:30 a.m. that the laboratory obtained the PT score mentioned in statements #1. 3. According to the laboratory's testing declaration submitted on the day of the survey and signed by the laboratory director on 03/24/2026, the laboratory performed and reported approximately 54,000 routine chemistry analytes annually which include PSA Total, on patient laboratory test samples during the time the laboratory received unsatisfactory proficiency testing results. Thus, the reliability and quality of PSA Total patient results reported could not be assured.
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 review of the AAB-Medical Laboratory Evaluation (AAB) proficiency testing (PT), the Certification and Survey Provider Enhanced Reporting (CASPER) Report 0155D Individual Laboratory Profile, five (5) randomly selected patient test records, and interviews with the laboratory's technical Consultant (TC) and testing personnel (TP); the laboratory failed to attain a score of at least 80 percent of acceptable responses for the following analytes: luteinizing hormone (LH) for the third event of 2025 (Q3-2025), Triiodothyronine ((T3) for the second event of 2025 (Q2-2025), and TSH for the second event of 2025 (Q2-2025). The findings included: 1. AAB reported the following unsatisfactory results for: Event Analyte Score % Q3-2025 LH 20 Q2-2025 T3 0 Q2-2025 TSH 0 2. TC and TP confirmed by interview on March 24, 2026, at approximately 11:40 a.m. that the laboratory obtained the PT score obtained for the analytes mentioned in statements #1. 3. According to the laboratory's testing declaration submitted on the day of the survey and signed by the laboratory director on 03/24/2026, the laboratory performed and reported approximately 6,000 endocrinology analytes annually which included LH, T3, and TSH on patient laboratory test samples during the time the laboratory received unsatisfactory proficiency testing results. Thus, the reliability and quality of LH, T3, and TSH patient results reported could not be assured.
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 AAB-Medical Laboratory Evaluation (AAB) proficiency testing (PT), the Certification and Survey Provider Enhanced Reporting (CASPER) Report 0155D Individual Laboratory Profile, five (5) randomly selected patient test records, and interviews with the laboratory's technical Consultant (TC) and testing personnel (TP); the laboratory failed to attain at least 80 percent of the acceptable response resulting to an unsatisfactory performance for the Hematology third event for 2025 (Q3-2025) for RBC, Hematocrit (HT), and Hemoglobin (HGB) analytes. The findings include: 1. The laboratory was enrolled in the AAB PT program and received an unsatisfactory score of 0% for Q3-2025 for RBC, HT, and HGB for Q3-2025. 2. TC and TP affirmed by interviews on March 24, 2026, at approximately 11:50 a.m. that the laboratory obtained Hematology PT unsatisfactory scores as mentioned in statement #1. 3. According to the laboratory testing declaration submitted on the day of the survey, the laboratory performed approximately 30,000 samples annually for Hematology that included RBC, HCT, and HGB analytes. Thus, the reliability and quality of Hematology patient results reported could not be assured at the time when the laboratory obtained unsatisfactory scores.
D5429	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1) (a)(1) Maintenance as defined by the manufacturer and with at least the frequency

	specified by the manufacturer. This STANDARD is not met as evidenced by: Based on the surveyor's direct observation during the laboratory tour, review of the laboratory's policies and procedures, preventive maintenance (PM) documentation, five (5) patient records, and interviews with the laboratory's technical consultant (TC) and testing personnel (TP); the laboratory failed to establish and follow a policy and procedure in place for small equipment as defined by the manufacturer, with at least the frequency recommended for the laboratory's equipment prior to patient testing. The findings included: 1.The laboratory failed to provide PM documentation for the years 2024 and 2025 for small equipment (vortex, centrifuge, etc.) used in the laboratory for patient samples testing according to manufacturer's requirements, to be performed annually. 2. No corrective action report for preventive maintenance was available for review at the time of the survey. 3. The TC and TP affirmed by interviews on March 24, 2025, at approximately 1:15 p.m., that the laboratory missed the PM for the years 2024 and 2025 for small equipment used in the laboratory for patients' sample testing. 4. According to the testing volume declaration submitted at the time of the survey, the laboratory performed and reported approximately 113,000 tests annually during the time annual equipment PM for small equipment used for testing patients' samples was missed to be performed and documented.
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: The laboratory director is herein cited for deficient practice in overall administration of the laboratory to ensure proficiency testing reports are accurate for all analytes tested and preventive maintenance of small equipment is performed as indicated by the manufacturer. See D2087, D2098, D2121, and D5429.