

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  06D1086122	<b>(X3) Date Survey Completed</b>  08/07/2025
<b>Name of Provider or Supplier</b>  National Jewish Health	<b>Street Address, City, State</b>  400 Indiana St, Ste 230, Golden, CO	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	The following deficiencies are a result of a desk review of proficiency testing scores obtained from the national database and verified with the proficiency testing provider. The facility was found to be out of compliance with the conditions of the CLIA program. The following condition level deficiencies were found to be out of compliance: 42 C.F.R. 493.803 Condition: Successful Participation [proficiency testing];
<b>D2016</b>	<p><b>SUCCESSFUL PARTICIPATION</b> CFR(s): 493.803(a)(b)(c)</p> <p>(a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history.</p> <p>This CONDITION is not met as evidenced by: Based on a routine desk review of the CMS-155 report for proficiency testing performance and email communication with the laboratory's quality manager, the</p>

laboratory failed to achieve satisfactory performance scores for the College of American Pathologist's proficiency testing for RBC, and HCT (non-waived) for two consecutive proficiency testing events, (event 1 in 2025 and event 2 in 2025). See D2130.

**D2130**

**HEMATOLOGY**  
CFR(s): 493.851(f)

(f) Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance.

This STANDARD is not met as evidenced by:  
Based on a routine desk review of the CMS-155 report for proficiency testing (PT) performance, and email communication with the laboratory's quality manager, the laboratory failed to achieve a satisfactory score for two consecutive College of American Pathologist's (CAP) PT events for the analyte: RBC, and HCT (non-waived) for event 1 and event 2 in 2025. Findings include: 1. A review of the CMS-155 report for PT performance on August 5, 2025, at 11:59 AM, revealed the CAP PT results for the analyte: RBC, was 40% for event 1, and 60% for event 2 in 2025. 2. A review of the CMS-155 report for PT performance on August 5, 2025, at 11:59 AM, revealed the CAP PT results for the analyte: HCT (non-waived), was 20% for event 1, and 60% for event 2 in 2025. 3. An email communication with the laboratory's quality manager, on August 5, 2025, at 3:41 PM, confirmed the laboratory failed to achieve satisfactory PT scores for the analytes RBC, and HCT (non-waived) for two consecutive testing events, event 1 and 2 in 2025.