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| <b>Statement of Deficiencies</b>                                                                                           | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>09D0209311  | <b>(X3) Date Survey Completed</b><br><br>07/17/2026 |
| <b>Name of Provider or Supplier</b><br><br>Washington Surgi-Clinic,The                                                     | <b>Street Address, City, State</b><br><br>2112 F Street, Nw, Washington, DC |                                                     |
| 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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| D0000              | The following deficiencies are the result of a desk review of proficiency testing scores obtained from the national database, verified with the proficiency testing company. The facility was found to be out of compliance with the CLIA program's conditions. The following condition level deficiencies were found to be out of compliance: D2016 - 42 C.F.R. 493.803 Condition: Successful participation [proficiency testing]. D6000 - 42 C.F.R. 493.1403 Condition: Laboratories performing moderate complexity testing; laboratory director. An onsite survey conducted on July 28, 2026 revealed the laboratory was not operational and the survey was not performed. As of 08/05/2026 the laboratory's CLIA certificate was terminated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| D2016              | <p>SUCCESSFUL PARTICIPATION<br/>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> |

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|              | <p>This CONDITION is not met as evidenced by:<br/>Based on a proficiency testing desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) 0155 report, the American Proficiency Institute (API) 2025 proficiency testing records, the laboratory failed to achieve satisfactory performance (80% or greater) for the same analyte in two of three testing events (2025 Events 2 and 3) for ABO/ RHO and D (RHO) type. Refer to D2162.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>D2162</b> | <p>ABO GROUP AND D(RHO) TYPING<br/>CFR(s): 493.859(f)</p> <p>(f) Failure to achieve satisfactory performance for the same analyte in two consecutive testing events or two out of three consecutive testing events is unsuccessful performance.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on a proficiency testing desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) 0155 report, the American Proficiency Institute (API) 2025 proficiency testing records, the laboratory failed to achieve satisfactory performance (80% or greater) for the same analyte in two of three testing events (2025 Events 2 and 3) for ABO/ RHO and D (RHO) type). Findings: 1. A review of the CASPER 0155 report revealed the following results: a. API 2025 - 2nd Event - 60% for ABO/ RHO and 60% for D (RHO) type. b. API 2025 - 3rd Event - 0% for ABO/ RHO and 0% for D (RHO) type. 2. A review of API proficiency testing records confirmed the laboratory received the above results.</p> |
| <b>D6000</b> | <p>MODERATE COMPLEXITY LABORATORY DIRECTOR<br/>CFR(s): 493.1403</p> <p>The laboratory must have a director who meets the qualification requirements of 493.1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart.</p> <p>This CONDITION is not met as evidenced by:<br/>Based on a proficiency testing desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) 0155 report, the American Proficiency Institute (API) 2026 proficiency testing records, the laboratory failed to provide overall management and direction of the laboratory services. Refer to D6016.</p>                                                                                                                                                                                                                                                                                                                                                                        |
| <b>D6016</b> | <p>LABORATORY DIRECTOR RESPONSIBILITIES<br/>CFR(s): 493.1407(e)(4)(i)</p> <p>(e)(4)(i) The proficiency testing samples are tested as required under Subpart H of this part;</p> <p>This STANDARD is not met as evidenced by:<br/>Based on a proficiency testing desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) 0155 report, the American Proficiency Institute (API) 2025 proficiency testing records, the laboratory director failed to ensure the overall quality of the laboratory's services. The laboratory director failed to ensure successful participation in an HHS-approved proficiency testing program. Refer to: 2162</p>                                                                                                                                                                                                                                                                                                                                                          |