

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0663184	(X3) Date Survey Completed 03/23/2026
Name of Provider or Supplier Physicians To Children Llc	Street Address, City, State 6920 Nervia St, Coral Gables, FL	
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
D0000	An announced CLIA recertification survey was conducted at PHYSICIANS TO CHILDREN LLC on March 23, 2026. The laboratory was surveyed under 42 CFR Part 493 CLIA requirements. Standard deficiencies cited are as follows:
D2007	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>(b)(1) The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the laboratory failed to examine or test Proficiency Testing (PT) samples with the laboratory's regular patient workload that routinely perform the testing in the laboratory for five out of five events reviewed from August 2024 to March 2026 for Hematology specialty. Findings included: 1- Review of FORM CMS-209 signed and dated by the Laboratory Director (LD) on 03/18/2026 revealed the laboratory had three TP listed (TP#1, TP#2 and TP#3). 2- Review of Wisconsin State Laboratory of Hygiene (WSLH) PT records for the Hematology specialty revealed that TP#2 signed all attestations in the following dates 09/27/2024, 03/15/2025, 06/13/2025, 09/22/2025 and 02/16/2026. 3- During an interview on 03/23/2026 at 12:30 PM, The Laboratory Director confirmed that TP#2 performed the PT events listed above and that TP#1 and TP#3 failed to participate in PT.</p>
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable,</p>

consultant competency.

This STANDARD is not met as evidenced by:

Based on records review and staff interview, the laboratory failed to do competency evaluation for two out of three Clinical Consultants in 2025. Findings included: 1- Review of the Form CMS-209 signed by the Laboratory Director (LD) in 03/18/2026, revealed that the LD was also Clinical Consultant (CC) #3 and Technical Consultant (TC) and the laboratory had two more Clinical Consultants (CC#1 and CC#2) and three Testing Personnel (TP#1, TP#2 and TP#3). 2-Review of personnel records revealed that CC#1 and CC#2, failed to have competency evaluation in 2025. 3- During an interview on 03/18/2026 at 12:45 PM, the Laboratory Director confirmed that the laboratory failed to assess competency for CC#1 and CC#2 in 2025

D6016

LABORATORY DIRECTOR RESPONSIBILITIES

CFR(s): 493.1407(e)(4)(i)

(e)(4)(i) The proficiency testing samples are tested as required under Subpart H of this part;

This STANDARD is not met as evidenced by:

Based on records review and staff interview, the Laboratory Director (LD) failed to ensure that the laboratory examined or tested Hematology Proficiency Testing samples by personnel who routinely perform the testing in the laboratory from 3rd event of 2024 to 1st event of 2026. Refer to D2007.