Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 11D1041689	**(X3) Date Survey Completed** 08/25/2025
Name of Provider or Supplier Douglas Medical Specialists	**Street Address, City, State** 200 Doctors Drive, Suite N, Douglas, GA	
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	A proficiency testing desk review was completed on Aug. 25, 2025. At the time of the review, thelaboratory was not in compliance with the ClinicalLaboratory Improvement Amendments of 1988,42 CFR 493.1 through 42 CFR 493.1780. The following condition deficiencies were cited: D2016 - 42 CFR 493.803 Condition: Successful participation [proficiency testing] D6000 - 42 CFR 493.1403 Condition: Moderate Complex Laboratory Director
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (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. This CONDITION is not met as evidenced by: Based on review of the CMS CASPER 155 report and review of the American Association of Bioanalysts (AAB) reports, the laboratory failed to maintain

	satisfactory proficiency testing (PT) participation for Total Iron Binding Capacity (TIBC) and Triglyceride (TRIG) in 2025 events 1 and 2, resulting in an initial unsuccessful participation for TIBC & TRIG. Refer to D 2096
D2096	ROUTINE CHEMISTRY CFR(s): 493.841(f) (f) Failure to achieve satisfactory performance for the same analyte or test in two consecutive testing events or two out of three consecutive testing events is unsuccessful performance. This STANDARD is not met as evidenced by: Based on review of the Centers for Medicare and Medicaid (CMS) CASPER 155 report and review of AAB reports, the laboratory failed to maintain satisfactory participation in two consecutive testing events (1st & 2nd events of 2025), resulting in an initial unsuccessful participation for TIBC and Trig. Findings: 1. A review of Casper Report 155 revealed the laboratory failed TIBC on the following: 2025 Event 1 TIBC Score 60% 2025 Event 2 TIBC Score 0% 2. A review of Casper Report 155 revealed the laboratory failed Trig on the following: 2025 Event 1 Trig Score 40% 2025 Event 2 Trig Score 0% 3. A review of the laboratory's AAB Reports confirmed the laboratory failed TIBC & Trig with the aforementioned scores.
D6000	MODERATE COMPLEXITY LABORATORY DIRECTOR CFR(s): 493.1403 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. This CONDITION is not met as evidenced by: Based on review of the CMS CASPER 155 report and review of AAB reports, the laboratory director failed to provide overall management and direction for proficiency testing performance. The laboratory director failed to ensure proficiency testing samples were tested as required. Refer to D6016
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 review of the CMS CASPER Report 155 and the AAB 2025 events 1 & 2 PT evaluation reports, the laboratory director failed to ensure successful proficiency testing performance in TIBC and Trig in two consecutive testing events (2025 events 1 & 2), resulting in the initial unsuccessful participation for TIBC and Trig. Findings: 1. A review of Casper Report 155 revealed the laboratory failed TIBC on the following: 2025 Event 1 TIBC Score 60% 2025 Event 2 TIBC Score 0% 2. A review

	of Casper Report 155 revealed the laboratory failed Trig on the following: 2025 Event 1 Trig Score 40% 2025 Event 2 Trig Score 0% 3. A review of the laboratory's AAB Reports confirmed the laboratory failed TIBC & Trig with the aforementioned scores.