Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	11D1041689	04/21/2026
Name of Provider or Supplier	**Street Address, City, State**	
Douglas Medical Specialists	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 April 30, 2026. At the time of the review, the laboratory was not in compliance with the Clinical Laboratory Improvement Amendments of 1988, 42 CFR 493.1 through 42 CFR 493.1780. The following condition level 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 Certification and Survey Provider Enhanced Report (CASPER) 155 and review of the Medical Laboratory Evaluation (MLE) reports, the

	laboratory failed to maintain satisfactory proficiency testing (PT) participation for Vitamin B12 (B12) 2025 events 2 and 3, and 2026 event 1, and Total Iron Binding Capacity (TIBC) in 2025 events 1 and 2, and 2026 event 1, resulting in the non- initial unsuccessful participation for B12 and TIBC. Refer to D 2096, D2099
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 MLE reports, the laboratory failed to maintain satisfactory participation in three of four testing events (1st, & 2nd events of 2025; 1st event of 2026), resulting in a non-initial unsuccessful participation for TIBC. 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% 2026 Event 1 TIBC Score 0% 2. A review of the laboratory's MLE Reports confirmed the laboratory failed TIBC with the aforementioned scores.
D2099	ENDOCRINOLOGY CFR(s): 493.843(b) (b) Failure to attain an overall testing event score of at least 80 percent is unsatisfactory 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 MLE reports, the laboratory failed to maintain satisfactory participation in three consecutive testing events (events 2 & 3 of 2025 and event 1 of 2026), resulting in the non-initial unsuccessful participation for B12. Findings: 1. A review of Casper Report 155 revealed the laboratory failed B12 on the following: 2025 Event 2 B12 Score 0% 2025 Event 3 B12 Score 40% 2026 Event 1 B12 Score 0% 2. A review of the laboratory's MLE Reports confirmed the laboratory failed B12 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 MLE 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 in the specialty of Chemistry. Refer to D6016, D6019

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 MLE 2025 events 1, 2 & 3, and 2026 event 1 PT evaluation reports, the laboratory director failed to ensure successful proficiency testing performance in the subspecialty of Endocrinology for Vitamin B12 (B12) in 2025 events 2 & 3, and 2026 event 1; and in the specialty of chemistry for Total Iron Binding Capaity (TIBC) 2025 events 1 & 2 and 2026 event 1 resulting in the non- initial unsuccessful participation for B12 and TIBC.
D6019	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iv) (e)(4)(iv) An approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory; This STANDARD is not met as evidenced by: Based on surveyor proficiency testing (PT) desk review of the CMS Casper 155 report and the laboratory's MLE PT records, the laboratory director failed to ensure an approved plan of correction dated 09/09/25 was followed, resulting in unsuccessful performance in the Specialty of Chemistry for the analyte of TIBC. Based on surveyor proficiency testing (PT) desk review of the CMS Casper 155 report and the laboratory's MLE PT records, the laboratory director failed to ensure an approved plan of correction dated 3/30/26 was followed, resulting in unsuccessful performance in the Sub-Specialty of Endocrinology for the analyte of Vitamin B12. Refer to D2096, D2099