

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  14D2264781	<b>(X3) Date Survey Completed</b>  06/14/2026
<b>Name of Provider or Supplier</b>  Hmcs Inc - Home Med Diagnostic & Lab Svcs	<b>Street Address, City, State</b>  3500 W Peterson Ave - Unit 404, Chicago, IL	
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>	Based on a desk review of proficiency testing records from the Certification and Survey Provider Enhanced Reporting (CASPER) database and verified with the proficiency testing provider, the laboratory was found to be out of compliance with the 42 C.F.R. Part 493 CLIA requirements for the following CONDITION level deficiencies: 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;
<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 desk review of the Certification and Survey Provider Enhanced Reporting</p>

(CASPER) Report 0155D Individual Laboratory Profile and American Proficiency Institute (API) Proficiency Testing (PT) records, the laboratory failed to successfully participate and achieve satisfactory performance in the specialty of Hematology for the analyte Erythrocyte Count for three of four PT events in 2025/2026 (event 1 of 2025, event 2 of 2025, and event 1 of 2026) resulting in the subsequent unsuccessful PT performance. Refer to D2127 and D2130.

**D2127**

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

(d) Failure to return proficiency testing results to the proficiency testing program within the time frame specified by the program is unsatisfactory performance and results in a score of 0 for the testing event.

This STANDARD is not met as evidenced by:

Based on a proficiency testing desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 0155D Individual Laboratory Profile and American Proficiency Institute (API) Proficiency Testing (PT) records, the laboratory failed to submit PT results within the time frame specified by API resulting in the scores of 0% in event 1 of 2026 for the specialty of Hematology and the analytes Erythrocyte Count, Hematocrit, Hemoglobin, Leukocyte Count, Platelet Count and White Blood Cell Differential. Findings Include: 1. Review of the CASPER Report 0155D, generated on 06-02-2026, the laboratory received 0% scores for event 1 of 2026 for the specialty of Hematology and the analytes Erythrocyte Count, Hematocrit, Hemoglobin, Leukocyte Count, Platelet Count and White Blood Cell Differential. 2. Review of API PT evaluation report for the Hematology/Coagulation Event 1 of 2026 confirmed the laboratory failed to participate in the PT event resulting in the 0% scores for the specialty of Hematology and the analytes Erythrocyte Count, Hematocrit, Hemoglobin, Leukocyte Count, Platelet Count and White Blood Cell Differential.

**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 desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 0155D Individual Laboratory Profile and American Proficiency Institute (API) Proficiency Testing (PT) records, the laboratory failed to achieve satisfactory performance in the specialty of Hematology for the analyte Erythrocyte Count for three of four PT events in 2025/2026 (event 1 of 2025, event 2 of 2025, and event 1 of 2026) resulting in the subsequent unsuccessful PT performance. Findings include: 1. Review of the CASPER Report 0155D, generated on 06-02-2026, the laboratory received the following unsatisfactory scores for the hematology analyte Erythrocyte Count. Erythrocyte Count EVENT 1, 2025 - 40% Unsatisfactory EVENT 2, 2025 - 40% Unsatisfactory EVENT 1, 2026 - 0% Unsatisfactory 2. Review of API PT evaluation reports (Hematology/Coagulation) confirmed the above unsatisfactory scores that resulted in the subsequent unsuccessful PT performance in the specialty of Hematology for the analyte Erythrocyte Count.

**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 a desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 0155D Individual Laboratory Profile and American Proficiency Institute (API) Proficiency Testing (PT) records, the laboratory director failed to provide overall management and direction to ensure PT 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 a desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 0155D Individual Laboratory Profile and American Proficiency Institute (API) Proficiency Testing (PT) records, the laboratory director failed to ensure PT samples were tested as required to ensure successful participation in the specialty of Hematology for the analyte Erythrocyte Count. Refer to D2127 and D2130.