

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  18D0320437	<b>(X3) Date Survey Completed</b>  02/23/2026
<b>Name of Provider or Supplier</b>  Vmd Primary Providers Central Ky	<b>Street Address, City, State</b>  325 West Walnut Street Suite 600, Lebanon, KY	
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>	The VMD Primary Providers of Central Kentucky laboratory was found to be out of compliance with 42 CFR Part 493, Requirements for Laboratories as a result of a focused complaint survey on 02/23/2026.
<b>D6000</b>	<p><b>MODERATE COMPLEXITY LABORATORY DIRECTOR</b> 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: Based on review of the laboratory's procedure manual, proficiency testing (PT) records, and confirmed in staff interview, the Laboratory Director (LD) failed to provide overall management of the laboratory by not reviewing PT for 6 out of 17 testing events. (Refer to D6018).</p>
<b>D6018</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(4)(iii)</p> <p>(e)(4)(iii) All proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action; and</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's procedure manual, proficiency testing (PT) records and confirmed in staff interview, the laboratory director (LD) failed to review 6 out of 17 testing events. A review of the laboratory's policy, Village Medical Policy Subject Proficiency Testing dated November 2, 2023 revealed "When the proficiency</p>

results are returned, the LD reviews all results and signs the proficiency review. These copies are filed and retained for two years." A review of "Proficiency Testing Performance Evaluations" records revealed 2025 Chemistry Miscellaneous 2nd Event, 2025 Hematology/Coagulation 2nd Event, 2025 Microbiology 3rd Event, 2025 Chemistry-Core 3rd Event, 2025 Hematology/Coagulation 3rd Event and 2025 Immunology/Immunohematology 3rd Event were not reviewed with the LD's signature and date. During an interview at 12:45 p.m. on 02/23/2026 in the break room adjacent to the laboratory, the LD was asked to provide documentation that the LD had reviewed the above PT events. No documentation was provided and the LD stated that quality assurance was not completed for the PT events. This confirmed the findings.