

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 18D2154229	(X3) Date Survey Completed 03/06/2026
Name of Provider or Supplier Starting Point Of Kentucky - Louisville	Street Address, City, State 12610 Townepark Way, Louisville, KY	
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 recertification survey was conducted on 03/06/2026 and concluded on 03/06/2026. The facility was found to not be in compliance with the laboratory requirements of 42 CFR Part 493 with standard deficiencies cited.
D6091	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(iii)</p> <p>(e)(4)(iii) All proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratorys 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 College of American Pathologists (CAP) proficiency testing events, laboratory policy, and confirmed in interview, the laboratory director (LD) failed to review Proficiency testing (PT) events for 2 of 9 testing events. Findings include: Review of the laboratory PT event evaluation sheets revealed the following: a. DAI-A 2025 - No LD signature b. DAI-B 2025 - No LD signature The laboratory policy in the laboratory's MediaLab system titled "Proficiency Testing", page 4, stated, "Upon receipt of the PT score from the PT provider, review the results. Document the results of this review." In an interview on 3/06/2026 at 12:00 PM in the laboratory office, the Technical Supervisor (TS) was asked if a review was performed for the PT events. The TS confirmed the PT events were not reviewed for the 2 testing events. This confirmed the findings.</p>