Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	19D0971816	02/18/2026
Name of Provider or Supplier	**Street Address, City, State**	
Sfmg Pediatrics	104 Contempo Avenue, West Monroe, LA	

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 performed at SFMG Pediatrics @ Contempo, CLIA ID 19D0971816, on February 18, 2026. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard deficiencies were cited.
D5209	PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235 As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency. This STANDARD is not met as evidenced by: Based on review of laboratory policy, CMS-209 (Laboratory Personnel Report) form, and personnel records as well as interview with personnel, the laboratory failed to establish written policies and procedures to assess competency of the Clinical Consultant. Findings: 1. Review of the laboratory's policy manual revealed the laboratory did not include a policy to address the competency assessment for the Clinical Consultant. 2. Review of the laboratory's CMS-209 form revealed Personnel 1 serves as the Clinical Consultant. 3. In interview on February 18, 2026 at 3:00 pm, Testing Personnel 1 confirmed the laboratory did not have a policy or a competency assessment for personnel serving as Clinical Consultant.
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d) (d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality.

	This STANDARD is not met as evidenced by: Based on observation by surveyor and interview with personnel, the laboratory failed to ensure laboratory supplies had not exceeded their expiration dates. Findings: 1. Observation by surveyor during the laboratory tour on February 18, 2026 at 1:48 pm revealed the following expired items: a) Located in pull out drawers underneath the kit testing station: * BD Vacutainer SST - Lot 5031290; Expiration Date 01/31/26; Quantity (7) * Consult Diagnostics Mononucleosis Developer Solution - Lot 224A10091; Expiration Date 01/31/26; Quantity (1) * Consult Diagnostics Strep A Reagent 1 - Lot 0000788263; Expiration Date 02/03/26; Quantity (1) * Consult Diagnostics Strep A Reagent 2 - Lot 0000788258; Expiration Date 02/01/26; Quantity (1) * Consult Diagnostics Strep A Reagent 2 - Lot 0000799058; Expiration Date 02/10 /26; Quantity (1) 2. In interview on February 18, 2026 at 2:29 pm, Testing Personnel 1 confirmed the identified supplies were expired.
D6014	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(3)(iii) (e)(3)(iii) Laboratory personnel are performing the test methods as required for accurate and reliable results; This STANDARD is not met as evidenced by: Based on observation by surveyor, review of laboratory policy and records, and interview with personnel, the Laboratory Director failed to ensure the laboratory personnel performed test methods as required. Refer to D5417.
D6030	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(12) (e)(12) Ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills; This STANDARD is not met as evidenced by: Based on review of laboratory policy, personnel records, and interview with personnel, the Laboratory Director failed to ensure complete policies and procedures for assessing personnel competency were maintained. Refer to D5209.
D6032	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(14) (e)(14) Specify, in writing, the responsibilities and duties of each consultant and each person, engaged in the performance of the preanalytic, analytic, and postanalytic phases of testing, that identifies which examinations and procedures each individual is authorized to perform, whether supervision is required for specimen processing, test performance or results reporting, and whether consultant or director review is required prior to reporting patient test results.

	This STANDARD is not met as evidenced by: Based on review of the laboratory's policies and personnel records and interview with personnel, the Laboratory Director failed to define written job responsibilities for the Clinical Consultant. Findings: 1. Review of the laboratory's policies and personnel records revealed the laboratory did not include written job responsibilities for personnel serving as Clinical Consultant. 2. In interview on February 18, 2026 at 2:56 pm, Testing Personnel 1 confirmed the laboratory did not have a policy for job responsibilities for Clinical Consultant.