Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	19D0993289	06/30/2026
Name of Provider or Supplier	**Street Address, City, State**	
Acadiana Oncology	602 North Lewis Street, Suite 600, New Iberia, 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 on June 30, 2026 at Acadiana Oncology, CLIA ID # 19D0993289. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard level deficiencies were cited.
D5429	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1) (a)(1) Maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer. This STANDARD is not met as evidenced by: Based on observation, review of the manufacturer's operator's manual and the laboratory's maintenance logs, and interview with personnel, the laboratory failed to perform maintenance every two (2) weeks on the Sysmex pocH 100i as required by the manufacturer for ten (10) of thirty-six (36) weeks reviewed. Findings: 1. Observation by surveyor during the laboratory tour on June 30, 2026 at 1:20 p.m. revealed the laboratory utilized a Sysmex pocH 100i for hematology testing. 2. Review of the pocH 100i operator's manual section "Cleaning & Maintenance" revealed "Clean transducer every 2 weeks or 150 samples." 3. Further review of the section "Cleaning & Maintenance" revealed "A message will appear when either the counter value exceeds 150 or 2 weeks have passed since the last cleaning of the transducer." 4. Review of the laboratory's maintenance logs from January 13, 2025 through June 30, 2026 revealed the laboratory did not perform maintenance every 2 weeks when due during the following weeks: a) March 10 - 16, 2025 b) March 24 - 30, 2025 c) May 19 - 25, 2025 d) June 16 - 22, 2025 e) June 30 - July 6, 2025 f) July 14 - 20, 2025 g) August 25 - 31, 2025 h) December 29, 2025 - January 4, 2026 i) March 23 - 29, 2026 j) June 15 - 21, 2026 5. In interview on June 30, 2026 at 2:22 p.m., Testing Personnel 1 confirmed maintenance was not performed every 2 weeks as identified above.

D6023	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(6) (e)(6) Ensure the establishment and maintenance of acceptable levels of analytical performance for each test system; This STANDARD is not met as evidenced by: Based on observation, record review, and interview with personnel, the Laboratory Director failed to ensure that the laboratory performed required maintenance. Refer to D5429.