Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	19D2045763	03/24/2026
Name of Provider or Supplier	**Street Address, City, State**	
Coughran Medical Group	101 Fair Avenue, Winnsboro, 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 Coughran Medical Group, CLIA ID 19D2045763, on March 24, 2026. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard deficiencies were cited.
D5783	CORRECTIVE ACTIONS CFR(s): 493.1282(b)(2) (b)(2) Results of control or calibration materials, or both, fail to meet the laboratory's established criteria for acceptability. All patient test results obtained in the unacceptable test run and since the last acceptable test run must be evaluated to determine if patient test results have been adversely affected. The laboratory must take the corrective action necessary to ensure the reporting of accurate and reliable patient test results. This STANDARD is not met as evidenced by: Based on observation by surveyor, review of laboratory policy, quality control records, patient test logs, and interview with personnel, the laboratory failed to perform corrective actions when quality control (QC) was unacceptable for Hematology testing of Complete Blood Count (CBC) for eighteen (18) patients over six (6) months reviewed from 2025 and 2026. Findings: 1. Observation by surveyor during the laboratory tour on March 24, 2026 at 12:20 pm revealed the laboratory utilizes the Beckman Coulter DxH 520 analyzer for Complete Blood Count (CBC) patient testing. 2. Review of the laboratory's policy for Quality Control and Assessment under Hematology (DxH 520) revealed "Two valid levels of quality control results must be obtained by running three control vials of the Beckman Coulter Abnormal Low, Normal, and Abnormal High control material at the beginning of each day of preparation, prior to running patient samples and after any daily maintenance has been performed". 3. In interview on March 24, 2026 at 11:49 am, the Technical Consultant stated the laboratory must have acceptable quality control (QC) material on all three (3) levels prior to patient testing. The Technical

	Consultant further stated that if any level of QC is unacceptable then the QC must be repeated for acceptability. 4. Review of the laboratory's quality control (QC) records from September 2025 through February 2026 revealed the normal level of QC was unacceptable on November 18, 2026 at 10:06 am for the following: a) White Blood Cell (WBC): reported as ---- b) Lymphocyte (LY): reported as ---- c) Monocyte (MO): reported as ---- d) Neutrophil (NE): reported as ---- e) Eosinophil (EO): reported as ---- f) Basophil (BA): reported as ---- g) Lymphocyte # (LY): reported as ---- h) Monocyte # (MO): reported as ---- i) Neutrophil # (NE): reported as ---- j) Eosinophil # (EO): reported as ---- k) Basophil # (BA): reported as ---- 5. Review of the laboratory's patient test logs revealed the following eighteen (18) patients were reported with unacceptable QC: a) PT 26760 b) PT 77015 c) PT 439 d) PT 1037 e) PT 20171 f) PT 82076 g) PT 87008 h) PT 1787 i) PT 79600 j) PT 80175 k) PT 11003 l) PT 1472 m) PT 84798 n) PT 83620 o) PT 1096 p) PT 71463 q) PT 70913 r) PT 71365 6. In interview on March 24, 2026 at 12:40 pm, the Technical Consultant confirmed the laboratory did not perform corrective actions for the identified date of unacceptable QC for Complete Blood Counts (CBC).
D5793	ANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1289(b)(c) (b) The analytic systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of analytic systems quality assessment reviews with appropriate staff. (c) The laboratory must document all analytic systems assessment activities. 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's quality assessment monitors failed to identify and correct quality issues in Analytic Systems. Refer to D5783.
D6020	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(5) (e)(5) Ensure that the quality control and quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur; This STANDARD is not met as evidenced by: Based on observation by surveyors, review of laboratory policy and records as well as interview with personnel, the Laboratory Director failed to ensure quality control (QC) and Quality Assessment (QA) were maintained to assure the quality of laboratory testing results. Findings: 1. The laboratory failed to perform corrective actions when quality control (QC) was unacceptable for Hematology testing of Complete Blood Count (CBC) for eighteen (18) patients over six (6) months reviewed from 2025 and 2026. Refer to D5783. 2. The laboratory's quality assessment monitors failed to identify and correct quality issues in Analytic Systems. Refer to D5783.