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| <b>Statement of Deficiencies</b>   | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>22D0067411 | <b>(X3) Date Survey Completed</b><br><br>04/16/2026 |
| <b>Name of Provider or Supplier</b><br><br>Arthritis Treatment Center  | <b>Street Address, City, State</b><br><br>3377 Main St, Springfield, MA    |   |
| 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>  |
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| <b>D0000</b>              | Based on desk review of proficiency testing (PT) record for 2025 and 2026, the laboratory failed to meet the following conditions, resulting in an initial unsuccessful PT participation: D2016 - 42 C.F.R. 493.803 Condition: Successful participation [proficiency testing] D6076 - 42 C.F.R. 493.1441 Condition: Laboratories performing moderate complexity testing; laboratory director.   |
| <b>D2016</b>              | <p>SUCCESSFUL PARTICIPATION<br/>CFR(s): 493.803(a)(b)(c)</p> <p>(a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history.</p> <p>This CONDITION is not met as evidenced by:<br/>Based on a desk review of proficiency testing (PT) records from the Certification and Survey Provider Enhanced Reporting (CASPER) 0155 report and AAB Medical Laboratory Evaluation (MLE) PT Hematology and Chemistry Module (CH) 2025 and</p> |

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|                     | <p>2026 records, the laboratory failed to successfully participate for the analyte of WBC Differential and the analyte ALT/(SGPT). Refer to D2130 and D2096.</p>   |
| <p><b>D2096</b></p> | <p><b>ROUTINE CHEMISTRY</b><br/>CFR(s): 493.841(f)</p> <p>(f) Failure to achieve satisfactory performance for the same analyte or test in two consecutive testing events or two out of three consecutive testing events is unsuccessful performance.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on a proficiency testing (PT) desk review of CASPER 0155 report and AAB-MLE PT 2025 Chemistry Module (CH) Event 3 and 2026 Chemistry Module (CH) Event 1 records, the laboratory failed to achieve successful performance for the analyte ALT/(SGPT) in two out of three testing events. Findings include: 1. Review of the CASPER 0155 report revealed the following results: AAB-MLE Chemistry Module (CH) 2025-3rd Event the laboratory received an unsatisfactory score of 0% for ALT/(SGPT). AAB-MLE Chemistry Module (CH) 2026-1st Event the laboratory received an unsatisfactory score of 0% for ALT/(SGPT). 2. A review of the 2025 and 2026 AAB-MLE Proficiency Testing records confirmed the laboratory received the above results</p>  |
| <p><b>D2130</b></p> | <p><b>HEMATOLOGY</b><br/>CFR(s): 493.851(f)</p> <p>(f) Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on a proficiency testing (PT) desk review of CASPER 0155 report and AAB-Medical Laboratory Evaluation (MLE) 2025 Hematology Cell ID Event 3 and 2026 Hematology Cell ID Event 1 records, the laboratory failed to achieve satisfactory performance (80% or better) for the same analyte for two of three consecutive testing events in the specialty of Hematology for the analyte WBC Differential. Findings include: 1. Review of the CASPER 0155 report revealed the following results: AAB_MLE Hematology 2025-3rd Event the laboratory received an unsatisfactory score of 0% for WBC Differential. AAB-MLE Hematology 2026-1st Event the laboratory received an unsatisfactory score of 24% for WBC Differential. 2. A review of 2025 and 2026 AAB-Medical Laboratory Evaluation (MLE) Proficiency Testing records confirmed the laboratory received the above results.</p> |
| <p><b>D6076</b></p> | <p><b>LABORATORY DIRECTOR</b><br/>CFR(s): 493.1441</p> <p>The laboratory must have a director who meets the qualification requirements of 493.1443 of this subpart and provides overall management and direction in accordance with 493.1445 of this subpart.</p> <p>This CONDITION is not met as evidenced by:<br/>Based on a proficiency testing desk review of CASPER 0155 report and AAB-MLE</p>   |

Chemistry Module (CH) and Hematology 2025 and 2026 PT records, the laboratory director failed to provide overall management and direction of the laboratory services. The laboratory director failed to ensure proficiency testing samples were tested as required. Refer to D6089.

**D6089**

**LABORATORY DIRECTOR RESPONSIBILITIES**

CFR(s): 493.1445(e)(4)(i)

(e)(4)(i) The proficiency testing samples are tested as required under subpart H of this part;

This STANDARD is not met as evidenced by:  
Based on a proficiency testing desk review of CASPER 0155 report and AAB-MLE Chemistry Module (CH) and Hematology 2025 and 2026 PT records, the laboratory director failed to ensure PT samples were tested as required. The laboratory director failed to ensure successful participation in an HHS approved proficiency testing program. Refer to D2130 and D2096.