Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	26D2164792	06/26/2026
Name of Provider or Supplier	**Street Address, City, State**	
Precision Labs Llc	15320 Conway Rd, Chesterfield, MO	

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
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (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. This CONDITION is not met as evidenced by: Based on a desk review of proficiency testing (PT) records from the Certification and Survey Provider Enhanced Reporting (CASPER) 0155 report and College of American Pathologists (CAP) 2025 and 2026 proficiency testing records and phone interview with the clinical operations manager on June 25, 2026 at 10:00 AM the laboratory failed to successfully participate in a proficiency testing program approved by CMS, for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. The laboratory failed to successfully participate in the speciality of routine chemistry for the analyte cholesterol, total. (Refer to D2096).

D2096	ROUTINE CHEMISTRY CFR(s): 493.841(f) (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. This STANDARD is not met as evidenced by: Based on a desk review of proficiency testing (PT) records from the Certification and Survey Provider Enhanced Reporting (CASPER) 0155 report, and College of American Pathologists (CAP) 2025 and 2026 proficiency records and phone interview with the clinical operations manager on June 25, 2026, at 10:00 AM, the laboratory failed to achieve satisfactory performance for cholesterol, total for two out of three consecutive testing events. Findings: 1. Review of the CASPER 0155 report showed the following results: Routine chemistry 2025 2nd event the laboratory received an unsatisfactory score of 60 percent for the analyte cholesterol, total. Routine chemistry 2026 1st event the laboratory received an unsatisfactory score of 20 percent for the analyte cholesterol, total. 2. Review of the College of American Pathologists (CAP) 2025 and 2026 proficiency records confirmed the CASPER 0155 report results. 3. Phone interview with the clinical operations manager on June 25, 2026 at 10:00 AM confirmed the laboratory failed to achieve satisfactory performance for cholesterol, total for two out of three consecutive testing events.