Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	29D0539610	07/19/2023
Name of Provider or Supplier	**Street Address, City, State**	
Cancer Care Specialists	5423 Reno Corporate Drive, Reno, NV	

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	This Statement of Deficiencies was created as a result of an on-site CLIA recertification survey conducted at your facility on July 19, 2023. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods. This STANDARD is not met as evidenced by: Based on review of the laboratory's proficiency testing (PT) records from 2022 and 2023, and an interview with the general supervisor, the laboratory director failed to attest to the routine integration of the samples into the patient workload using the laboratory's routine methods. Findings include: 1. A review of the College of American Pathologists (CAP) PT attestation forms from 2022 and 2023 revealed that the laboratory director failed to sign the attestation form for the second Tumor Markers PT event in 2022. 2. A review of the CAP PT attestation forms from 2022 and 2023 revealed that the laboratory director failed to sign the attestation form for the third Chemistry PT event in 2022. 3. An interview with the general supervisor on July 19, 2023, at approximately 11:30 AM confirmed these findings. The laboratory performs approximately 40,000 chemistry tests per year.
D5211	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a)

	The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part. This STANDARD is not met as evidenced by: Based on review of the CAP PT evaluations for the Hematology Auto Differential PT events from 2022 and 2023, review of the laboratory's PT documentation, and an interview with the general supervisor, the laboratory director failed to ensure that the evaluation results from CAP were reviewed. 1. A review of CAP Hematology PT documentation from 2022 and 2023 revealed that the results from the third event of 2022 and the second event of 2023 were not reviewed. 2. A review of CAP Hematology PT documentation from 2022 and 2023 revealed that the results of the educational challenges from the first event of 2023 were not reviewed. 3. An interview with the general supervisor on July 19, 2023, at approximately 11:30 AM confirmed these findings. The laboratory performs approximately 60,000 hematology tests per year.
D6092	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(iv) The laboratory director must ensure an approved corrective action plan is followed when any proficiency testing result is found to be unacceptable or unsatisfactory. This STANDARD is not met as evidenced by: Based on review of the CAP PT evaluations for the Ligand PT events from 2022 and 2023, review of the laboratory's PT documentation, and an interview with the general supervisor, the laboratory director failed to ensure there was an approved corrective action plan to be followed when any proficiency testing result is found to be unacceptable or unsatisfactory. Findings include: 1. A review of the CAP PT evaluations from 2022 and 2023 revealed that the samples K-11, K-12, K-13, K-14, and K-15 had unacceptable results for triiodothyronine, resulting in an unsuccessful event for this analyte. 2. A review of the laboratory's PT documentation found that there was no corrective action plan documented for this unsuccessful PT event. 3. An interview with the general supervisor on July 19, 2023, at approximately 11:30 AM confirmed these findings. The laboratory performs approximately 40,000 chemistry tests per year.