Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	29D0665234	01/08/2025
Name of Provider or Supplier	**Street Address, City, State**	
Pershing General Hospital And Nursing Home Lab	855 6th St, Lovelock, 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 generated as a result of the CLIA proficiency testing desk review, conducted off-site for your laboratory on January 8, 2025. 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.
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 the findings herein, the Condition: Successful Participation (in a proficiency testing program) was not met. A review of the federal database CASPER Report

	0155D and the American Proficiency Institute (API) proficiency testing (PT) evaluation forms on January 8, 2025 found that the laboratory failed to successfully participate in a proficiency testing program. Findings include: The laboratory failed to maintain successful participation with the API PT program shown by the unsuccessful performance for compatibility testing in the second PT event of 2024 and for the third PT event of 2024. Refer to D2181.
D2181	COMPATIBILITY TESTING CFR(s): 493.863(e) (e) Failure to achieve an overall testing event score of satisfactory for 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 review of the federal database CASPER Report 0155D, the American Proficiency Institute (API) proficiency testing (PT) evaluation forms on January 8, 2025 and an email with the laboratory supervisor, the laboratory failed to successfully participate in a proficiency testing program. Findings include: 1. The laboratory failed to maintain successful participation with the API PT program shown by the unsuccessful performance for compatibility testing in the second PT event of 2024 and for the third PT event of 2024. 2. An email correspondence from the laboratory supervisor on December 13, 2024, revealed that the laboratory failed to submit the PT results for this event. 3. Both the CASPER Report 0155D and the API PT evaluation reported a score of 80% for the second PT event of 2024 and 0% for the third PT event of 2024.
D6076	LABORATORY DIRECTOR CFR(s): 493.1441 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. This CONDITION is not met as evidenced by: Based on the findings herein, the Condition: Laboratories Performing High Complexity Testing; Laboratory Director was not met. A review of the federal database CASPER Report 0155D and the American Proficiency Institute (API) proficiency testing (PT) evaluation forms on January 8, 2025 found that the laboratory director failed to ensure successful participation in a proficiency testing program.
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 review of the federal database CASPER Report 0155D, the American Proficiency Institute (API) proficiency testing (PT) evaluation forms on January 8,

	2025 and an email with the laboratory supervisor, the laboratory director failed to ensure successful participation in a proficiency testing program. Findings include: 1. The laboratory director failed to ensure successful participation with the API PT program shown by the unsuccessful performance for compatibility testing in the second PT event of 2024 and third PT event 2024. 2. Both the CASPER Report 0155D and the API PT evaluation reported a score of 80% for the second PT event of 2024 and 0% for the third PT event of 2024. 3. An email correspondence from the laboratory supervisor on December 13, 2024, revealed that the laboratory failed to submit the PT results for this event.