Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	29D0890962	03/09/2026
Name of Provider or Supplier	**Street Address, City, State**	
Southwest Medical Associates-Tenaya	2704 N Tenaya Way, Las Vegas, 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 desk review of proficiency testing obtained from the national database and verified with the proficiency testing company conducted off-site for your laboratory on March 9, 2026. The following CONDITION LEVEL DEFICIENCIES were found to be out of compliance: D2016 - 42 C.F.R. 493.803 Condition: Successful participation [proficiency testing] D6000 - 42 C.F.R. 493.1403 Condition: Laboratories performing moderate complexity testing; laboratory director The findings and conclusions of any investigation by the Nevada Health Authority-Division of Healthcare Purchasing and Compliance 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 College of American Pathologists (CAP) proficiency testing (PT) evaluation forms on March 9, 2026, found that the laboratory failed to successfully participate in a proficiency testing program for one of one analytes. Findings include: The laboratory failed to maintain successful participation with the CAP PT program as shown by the unsuccessful performance for hematocrit in the first PT event of 2026 and for the third PT event of 2025. Refer to D2130.
D2130	HEMATOLOGY CFR(s): 493.851(f) (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. This STANDARD is not met as evidenced by: Based on a review of the federal database CASPER Report 0155D and the College of American Pathologists (CAP) proficiency testing (PT) evaluation forms on March 9, 2026, the laboratory failed two of two PT events for hematocrit, resulting in a failure to successfully participate in a proficiency testing program. Findings include: 1. The laboratory failed to maintain successful participation with the CAP PT program, as shown by the unsuccessful performance for hematocrit in the first PT event of 2026 and for the third PT event of 2025. 2. Both the CASPER Report 0155D and the CAP PT evaluation reported a score of 60% for the first PT event of 2026 and 60% for the third PT event of 2025.
D6000	MODERATE COMPLEXITY LABORATORY DIRECTOR CFR(s): 493.1403 The laboratory must have a director who meets the qualification requirements of 493. 1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart. This CONDITION is not met as evidenced by: Based on the findings herein, the Condition: Laboratories Performing Moderate Complexity Testing; Laboratory Director was not met. A review of the federal database CASPER Report 0155D and the College of American Pathologists (CAP) proficiency testing (PT) evaluation forms on March 9, 2026, found that the laboratory director failed to ensure successful participation in two of two PT events. Findings include: The laboratory director failed to ensure successful participation with the CAP PT program shown by the unsuccessful performance for hematocrit for two of two PT events, including the first PT event of 2026 and for the third PT event of 2025. Refer to D6016.
D6016	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(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 and the College of American Pathologists (CAP) proficiency testing (PT) evaluation forms on March 9, 2026, the laboratory director failed to ensure successful participation in a proficiency testing program for one of one analytes. Findings include: 1. The laboratory director failed to ensure successful participation with the CAP PT program, as shown by the unsuccessful performance for hematocrit in the first PT event of 2026 and third PT event 2025. 2. Both the CASPER Report 0155D and the CAP PT evaluation reported a score of 60% for the first PT event of 2026 and 60% for the third PT event of 2025.