

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 29D0962032	(X3) Date Survey Completed 03/27/2025
Name of Provider or Supplier Pulmonary Specialist Group Of Nevada-Mt View	Street Address, City, State 3150 N Tenaya Way Ste 125, 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 created as a result of an on-site CLIA recertification survey conducted at your facility on March 27, 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.
D5221	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d)</p> <p>All proficiency testing evaluation and verification activities must be documented.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the 2023 and 2024 American Proficiency Institute (API) Blood Gas Proficiency Testing (PT) records, a review of the director approved procedure entitled, "ABG Proficiency Testing" and an interview with the technical consultant, the laboratory failed to ensure that corrective action was taken and documented for unacceptable proficiency testing results. Findings include: 1. A review of the 2024 API Blood Gas PT results for test event 2 revealed that the laboratory achieved a score of 80% for the PO2 test. Specimen number BG-06 was reported as 11 mmHg. The acceptable range was 32-62 mmHg. There was no documentation of corrective action. 2. The director approved procedure entitled, "ABG Proficiency Testing" stated, "Any result that does not meet acceptability must be addressed and corrective action must be clarified." 3. The findings were confirmed during an interview with the technical consultant on March 27, 2025 at approximately 2:30 PM. The laboratory performs approximately 6000 routine chemistry tests annually.</p>
D6018	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iii)</p>

(e)(4)(iii) All proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action; and

This STANDARD is not met as evidenced by:

Based on a review of the 2023 and 2024 American Proficiency Institute (API) Blood Gas Proficiency Testing (PT) records, and an interview with the technical consultant, the director failed to ensure that the laboratory staff identified any unacceptable results that required corrective action. Findings include: 1. A review of the 2024 API Blood Gas PT results for test event two revealed that the laboratory achieved a score of 80% for the PO₂ test. 2. Upon review of the 2024 API Blood Gas PT test event two report, the laboratory staff and laboratory director failed to identify that specimen number BG-06 was unacceptable. The result was reported as 11 mmHg. The acceptable range was 32-62 mmHg. 3. The findings were confirmed during an interview with the technical consultant on March 27, 2025 at approximately 2:30 PM. The laboratory performs approximately 6000 routine chemistry tests annually.