Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	29D1044203	07/22/2026
Name of Provider or Supplier	**Street Address, City, State**	
Cash Clinical Of Carson City	2310 S Carson Street - 7a, Carson City, 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 22, 2026. The findings and conclusions of any investigation by the Division of Health Care 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.
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) (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 a review of the laboratory 2025 and 2026 American Proficiency Institute (API) Proficiency Testing (PT) records, and an interview with the laboratory staff, the laboratory failed to ensure that the director signed the attestations for two of two PT events in 2026. Findings include: 1. A review of the 2025 and 2026 API PT records found that the first Chemistry Core event in 2026 did not have the laboratory director's signature. 2. A review of the 2025 and 2026 API PT records found that the first Hematology/Coagulation event in 2026 did not have the laboratory director's signature. 3. An interview with the laboratory staff on July 22, 2026, at approximately 11:00 AM confirmed these findings. The laboratory performs 6,300 Hematology tests and 26,500 Chemistry annually according to the laboratory CMS-116 form received on July 22, 2026.
D5203	SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232

	The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results. This STANDARD is not met as evidenced by: Based on a random review of patient reports from December 2024 through June 2026 and an interview with the laboratory staff, the laboratory failed to maintain accurate specimen identification throughout the pre-analytical, analytical, and post-analytical stages of testing for one of eight reports reviewed. Findings include: 1. A random review of patient reports from December 2024 through June 2026 found that the laboratory failed to ensure that the name for patient 55476 collected on June 15, 2026, was consistent and correct throughout the process. The patient's name was misspelled on the patient's receipt and final report. 2. An interview with the laboratory staff on July 22, 2026, at approximately 2:00 PM confirmed these findings. The laboratory performs 6,300 Hematology tests and 26,500 Chemistry annually according to the laboratory CMS-116 form received on July 22, 2026.
D5215	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(b)(2) The laboratory must verify the accuracy of any analyte, specialty or subspecialty assigned a proficiency testing score that does not reflect laboratory test performance (that is, when the proficiency testing program does not obtain the agreement required for scoring as specified in subpart I of this part, or the laboratory receives a zero score for nonparticipation, or late return or results). This STANDARD is not met as evidenced by: Based on a review of the laboratory 2025 and 2026 American Proficiency Institute (API) Proficiency Testing (PT) records, and an interview with the laboratory staff, the laboratory failed to ensure that the results that were non-graded by the proficiency testing agency were evaluated and documented for two of two events in 2025 and one of one events in 2026. Findings include: 1. A review of API PT records from the third Hematology/Coagulation event of 2025 found that no documented review was performed for the non-graded challenges for blood cell identification. 2. A review of API PT records from the first Hematology/Coagulation event of 2026 found that no documented review was performed for non-graded challenges for blood cell identification. 3. A review of API PT records from the third Chemistry Core event of 2025 found that no documented review was performed for non-graded challenges for total bilirubin. 4. An interview with the laboratory staff on July 22, 2026, at approximately 1:00 PM confirmed these findings. The laboratory performs 6,300 Hematology tests and 26,500 Chemistry annually according to the laboratory CMS-116 form received on July 22, 2026.