

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  29D1085196	<b>(X3) Date Survey Completed</b>  05/16/2024
<b>Name of Provider or Supplier</b>  Comprehensive Cancer Centers Of Nv-Wigwam	<b>Street Address, City, State</b>  1505 Wigwam Pkwy Ste 130, Henderson, NV	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	<p>This Statement of Deficiencies was created as a result of an on-site CLIA recertification survey conducted at your facility on May 16, 2024. 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.</p>
<b>D2007</b>	<p><b>TESTING OF PROFICIENCY TESTING SAMPLES</b> CFR(s): 493.801(b)(1)</p> <p>The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods</p> <p>This STANDARD is not met as evidenced by: Based on a review of the 2022, 2023 and 2024 American Proficiency Institute (API) Proficiency Testing (PT) records, a review of the director approved policy, a review of the completed CMS-209 form and an interview conducted on May 16, 2024 at approximately 2:15 PM with Technical Consultants 1 and 2, the laboratory failed to ensure that the hematology proficiency testing specimens were rotated among all personnel performing patient testing. Findings include: 1. A review of the laboratory proficiency testing attestation records for the API PT Hematology/Coagulation 2022 test events 1, 2 and 3, a review of the API PT Hematology/Coagulation 2023 test events 1, 2 and 3, and a review of the API PT Hematology/Coagulation 2024 test event 1 revealed that the specimens for all test events were performed only by testing personnel number 1 identified on the completed CMS-209 form. 2. A review of the director approved procedure entitled "Proficiency Testing" in the section entitled "Specimen Handling" stated in step 3, "PT samples should be rotated among the testing personnel in the laboratory." 3. The Technical Consultants 1 and 2 identified on the CMS-209 form confirmed the findings during an interview conducted on May</p>

16, 2024 at approximately 2:15 PM. The laboratory performs approximately 63,000 hematology tests annually.