Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	29D2170234	01/07/2026
Name of Provider or Supplier	**Street Address, City, State**	
Nursedx Of Nevada Llc	6392 Mcleod Dr Ste 9, 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 January 7, 2026. The findings and conclusions of any investigation by the 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.
D5807	TEST REPORT CFR(s): 493.1291(d) (d) Pertinent "reference intervals" or "normal" values, as determined by the laboratory performing the tests, must be available to the authorized person who ordered the tests and, if applicable, the individual responsible for using the test results. This STANDARD is not met as evidenced by: Based on a random patient audit of six patients tested between the dates of May 28, 2024 and November 11, 2025, and an interview with the technical consultant and the laboratory director, the laboratory failed to ensure that the Estimated Glomerular Filtration Rage (EGFR) were calculated using the race neutral equation. Findings include: 1. A random patient audit of six patients tested between the dates of May 28, 2024 and November 11, 2025 revealed that three of the six EGFR patient values reported were not calculated using the race neutral equation. The dates of the the reports were reviewed from February 14, 2025, July 7, 2025, and November 25, 2025. 2. The finding was confirmed during an interview with the technical consultant and the laboratory director conducted on January 7, 2026 at approximately 1:45 PM.. According to the provided CMS-116 form, the laboratory performs 400,000 chemistry tests annually.
D5891	POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a)

	(a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems specified in 493.1291. This STANDARD is not met as evidenced by: Based on a review of laboratory procedures, and an interview with the technical consultant, the laboratory owner and laboratory director, the laboratory failed to establish a policy and procedure to periodically test the calculated results, the results sent via interfaced systems, and patient specific data for the laboratory information system (LIS) and there was no documentation of periodic checks of the LIS system.. Findings include: 1. There was no established policy and procedure to test the LIS to ensure that the calculated results, the results sent via interface between the instruments and the LIS, and the patient specific data was accurate and reliable. 2. There was no documentation of LIS testing to ensure that results that were calculated, the results sent via interface, and the patient specific data was accurate and reliable. 3. The findings were confirmed during an interview conducted on January 7, 2026 at approximately 1:15 PM. According to the provided CMS-116 form, the laboratory performs approximately 400,000 chemistry tests and 160,000 hematology tests annually.
D6045	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(7) (b)(7) Identifying training needs and assuring that each individual performing tests receives regular in-service training and education appropriate for the type and complexity of the laboratory services performed; This STANDARD is not met as evidenced by: Based on a review of the laboratory test menu, the lack of staff training for the Beckman Coulter AU 480 reagents introduced into the laboratory, and an interview with the technical consultant and the laboratory director, the technical consultant failed to ensure that training and competency assessments was performed and documented for the testing personnel prior to performing patient testing using the new reagents. Findings include: 1. A review of the laboratory menu revealed that the laboratory had changed the reagents used for chemistry testing on the Beckman Coulter AU 480 from the brand previously in use prior to June, 2025. The laboratory previously used Clear Chem brand reagents. The laboratory introduced the Beckman Coulter brand of reagents for chemistry testing. 2. There were no records of training and competency assessment for five of five testing personnel when the new reagents were placed in use during June, 2025. 3. The laboratory director and the technical consultant confirmed that the reagents were placed into use in June, 2025, and confirmed that no training for the new procedures had been performed and documented during an interview conducted on January 7, 2026 at approximately 11: 00 AM. According to the provided CMS-116 form, the laboratory performs 400,000 chemistry tests annually.
D6054	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9) (b)(9) Thereafter, evaluations must be performed at least annually

	This STANDARD is not met as evidenced by: Based on a review of the laboratory training and competency records for 2024 and 2025, a review of the provided CMS-209 form, and an interview with the technical consultant, the technical consultant failed to ensure that annual competency assessments were completed for each testing personnel for the Sysmex XN-530. Findings include: 1. There was no annual competency assessment performed and documented for one of five testing personnel in 2024 for the Sysmex XN-530 hematology analyzer. The 2024 Sysmex XN-530 competency assessment for personnel number four listed on the CMS-209 form was not available at the time of the survey. 2. The technical consultant confirmed the finding during an interview conducted on January 7, 2026 at approximately 10:30 AM. According to the provided CMS-116 form, the laboratory performs 160,000 hematology tests annually.