Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	29D2324467	02/23/2026
Name of Provider or Supplier	**Street Address, City, State**	
Dnm Home Instacare Clinic Lab	4880 S Wynn Rd, 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 initial CLIA certification survey conducted at your facility on February 23, 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.
D5481	CONTROL PROCEDURES CFR(s): 493.1256(f)(g) (f) Results of control materials must meet the laboratorys and, as applicable, the manufacturers test system criteria for acceptability before reporting patient test results. (g) The laboratory must document all control procedures performed. This STANDARD is not met as evidenced by: Based on a random patient audit of four patients tested between the dates of August 25, 2025 and January 23, 2026, a review of the i-STAT Chem 8+ quality control records, and an interview with the office manager and the technical consultant, the laboratory failed to ensure that corrective action was taken on one of four days of patient testing when the quality control results were outside the acceptable range established by the manufacturer of the control material. Findings include: 1. A random patient audit of four patients tested between the dates of August 25, 2025 and January 23, 2026 revealed that on January 23, 2026, the level three quality control for the total carbon dioxide (total CO2) was outside the acceptable range established by the manufacturer of the control solution with no documentation of corrective action prior to performing patient testing. 2. The total CO2 quality control range for the i-STAT TriControls Level 3 lot number 321191 established by the manufacturer was 23-35 mmol/L. The total CO2 result on the i-STAT Chem8+ control printout was 45 mmol /L. 3. The findings were confirmed during an interview with the office manager and the technical consultant on February 23, 2026 at approximately 12:15 PM. According

	to the submitted CMS-116 form, the laboratory performs 768 chemistry tests annually.
D5805	TEST REPORT CFR(s): 493.1291(c) (c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability. This STANDARD is not met as evidenced by: Based on a random patient audit of four patients tested between the dates of August 25, 2025 and January 23, 2026, and an interview with the office manager and the technical consultant, the laboratory failed to ensure that the name and address of the laboratory was present on the test report for three of four patients. Findings include: 1. A random patient audit revealed that the name and address of the laboratory performing the i-STAT Chem8+ testing for three of four patient reports reviewed was not present on the report. 2. The office manager and the technical consultant stated that the laboratory had changed their electronic medical record system in September 2025, and confirmed the findings during an interview conducted on February 23, 2026 at approximately 12:30 PM. According to the submitted CMS-116 form, the laboratory performs 768 chemistry tests and 96 hematology 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 random audit of four patient test reports for patients tested between August 25, 2025, and January 23, 2026, which showed that three of the four reports did not include the name and address of the laboratory, and an interview with the office manager and technical consultant on February 23, 2026, and email correspondence with the office manager, the laboratory failed to establish and implement a procedure to test the electronic medical record (EMR) system prior to going live, and to periodically test the system thereafter, to ensure that test reports contained all relevant information. Findings include: 1. A random audit of four patient reports for i-STAT Chem8+ testing from between August 25, 2025, and January 23, 2026, revealed that three of the four reports did not include the name and address of the laboratory performing the testing. 2. The office manager and the technical consultant stated that the laboratory had changed their electronic medical record system in September 2025, and confirmed the findings during an interview conducted on February 23, 2026 at approximately 12:30 PM. 3. The office manager confirmed via email correspondence on February 27, 2026 at 11:51 AM that no procedure was established for testing the

	EMR. According to the submitted CMS-116 form, the laboratory performs 768 chemistry tests and 96 hematology tests annually.
D6053	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9) (b)(9) Evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens. This STANDARD is not met as evidenced by: Based on a review of the laboratory personnel records, a review of the submitted CMS-209 form, and an interview with the office manager and the technical consultant, there were no records of semi-annual competency assessment for three of five testing personnel. Findings include: 1. Three of five testing personnel (TP) listed on the CMS-209 form, idenfied as TP#1, TP#2, and TP#3, did not have documentation of semi-annual competency assessment for the performance of the i-STAT Chem8+ testing. The initial training and competency assessment was performed in March, 2025. 2. The findings were confirmed in an interview with the office manager and the technical consultant on February 23, 2026 at approximately 10: 15 AM. According to the submitted CMS-116 form, the laboratory performs 768 chemistry tests and 96 hematology tests annually.
D6064	TESTING PERSONNEL QUALIFICATIONS CFR(s): 493.1423(a) Each individual performing moderate complexity testing must-- (a) possess a current license issued by the State in which the laboratory is located, if such licensing is required; and This STANDARD is not met as evidenced by: Based on a review of the laboratory personnel records and a review of the State of Nevada Division of Health Care Purchasing and Compliance (the Division) records, a review of the submitted CMS-209 form, a random patient audit of four patients tested between the dates of August 25, 2025 and January 23, 2026, a review of the Nevada Revised Statutes (NRS) and the Nevada Administrative Code (NAC) and an interview with the office manager and the technical consultant one of five testing personnel failed to obtain as an Office Laboratory Assistant as required by the State of Nevada prior to performing patient testing. Findings include: 1. A review of the laboratory personnel records, along with a review of the Division of Health Care Purchasing and Compliance records showed that one of the five testing personnel, identified as TP#5 on the submitted CMS-209, was a physician and had not obtained the required Office Laboratory Assistant certification as mandated by the State of Nevada. 2. Nevada Revised Statues NRS 652.210(1) permits physicians licensed as a Medical Doctor or a Doctor of Osteopathic Medicine to perform tests classified as a waived test by the Food and Drug Administration (FDA) without obtaining certification from the Division as an Office Laboratory Assistant. The i-STAT Chem8+ test is classified by the FDA as a moderate complexity test. 3. Nevada Administrative Code NAC 652.470 (1)(a) states that before working in a laboratory at any technical level, an application for personnel certification must be submitted to the Division. 4. A random patient audit of four patients tested between the dates of August 25, 2025 and January 23,

	2026 revealed that TP#5 performed patient testing on one patient on January 23, 2026. 5. The findings were confirmed during an interview with the office manager and the technical consultant conducted on February 23, 2026 at approximately 1:15 PM. According to the submitted CMS-116 form, the laboratory performs 768 chemistry tests and 96 hematology tests annually.