

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  34D0898079	<b>(X3) Date Survey Completed</b>  02/10/2026
<b>Name of Provider or Supplier</b>  Cpn, Inc Db a Ah Levine Children's Arboretum	<b>Street Address, City, State</b>  7800 Providence Road, Suite 203, Charlotte, NC	
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>D2016</b>	<p><b>SUCCESSFUL PARTICIPATION</b> CFR(s): 493.803(a)(b)(c)</p> <p>(a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history.</p> <p>This CONDITION is not met as evidenced by: Based on desk review of CMS (Centers for Medicare and Medicaid Services) Casper reports 153D and 155D and 2025 CAP (College of American Pathologists) proficiency testing results, the laboratory failed to successfully participate in proficiency testing for Hematocrit on 2 of 3 consecutive test events in 2025. Refer to D2130.</p>
<b>D2130</b>	<p><b>HEMATOLOGY</b> CFR(s): 493.851(f)</p>

(f) Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance.

This STANDARD is not met as evidenced by:

Based on desk review of CMS Casper reports 153D and 155D and 2025 CAP proficiency testing results, the laboratory failed to achieve satisfactory performance for the analyte Hematocrit on 2 of 3 consecutive testing events, resulting in unsuccessful performance. Findings: 1. Review of CMS Casper reports revealed the following scores: a. 2025 Event 1 = 40% b. 2025 Event 3 = 40% 2. Review of CAP proficiency testing results for these events confirmed the above scores.

**D6000**

**MODERATE COMPLEXITY LABORATORY DIRECTOR**

CFR(s): 493.1403

The laboratory must have a director who meets the qualification requirements of 493.1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart.

This CONDITION is not met as evidenced by:

Based on desk review of CMS Casper reports 153D and 155D and 2025 CAP proficiency testing results, the laboratory director failed to provide overall management and direction to ensure successful proficiency testing participation. Refer to D6016.

**D6016**

**LABORATORY DIRECTOR RESPONSIBILITIES**

CFR(s): 493.1407(e)(4)(i)

(e)(4)(i) The proficiency testing samples are tested as required under Subpart H of this part;

This STANDARD is not met as evidenced by:

Based on desk review of CMS Casper reports 153D and 155D and 2025 CAP proficiency testing results, the laboratory director failed to ensure successful participation in proficiency testing as required in Subpart H. Refer to D2130.