Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	42D0687782	06/17/2026
Name of Provider or Supplier	**Street Address, City, State**	
Columbia Nephrology Associates, Pa	121 Park Central Drive, Suite 200, Columbia, SC	

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	An announced onsite CLIA recertification survey was conducted on June 17, 2026, at the laboratory of Columbia Nephrology Associates PA by the South Carolina Department of Public Health (SC DPH) Bureau of Nuirsing Homes and Medical Services. The laboratory was found to be out of compliance with Medicare condition 42 CFR Part 493, CLIA requirements for laboratories. The following is a list of deficiencies cited as a result of the recertification survey of June 17, 2026:
D5211	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a) The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part. This STANDARD is not met as evidenced by: Based on records review, API test scores, and staff interview, the laboratory failed to document the review and evaluation of unsatisfactory proficiency testing (PT) performance. Findings included: 1. Review of API 2nd event of 2024, analyte ferratin, received a score of 0%. 2. Review of the documentation of the 2024 2nd API event was not signed by the LD and no corrective action documentation was available at the time of the survey. 3. In an interview on June 17, 2026 at 10:20am in the office conference room with the LD, the findings were confirmed.
D6004	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(a)(b) The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (a) The laboratory director, if qualified, may perform the duties of the technical consultant, clinical

	consultant, and testing personnel, or delegate these responsibilities to personnel meeting the qualifications of 493.1409, 493.1415, and 493.1421, respectively. (b) If the laboratory director reapportions performance of his or her responsibilities, he or she remains responsible for ensuring that all duties are properly performed. This STANDARD is not met as evidenced by: Based on records review, API PT scores, and staff interview, the laboratory director did not provide the overall guidance for the operation administration of the laboratory. Findings included: 1. Review of API 2nd event of 2024, analyte ferratin, received a score of 0%. 2. Review of the documentation of the 2024 2nd API event was not signed by the LD and no corrective action documentation was available at the time of the survey. 3. In an interview on June 17, 2026 at 10:20am in the office conference room with the LD, the findings were confirmed.
D6019	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iv) (e)(4)(iv) An approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory; This STANDARD is not met as evidenced by: Based on records review, API PT scores, and staff interview, the laboratory director did not ensure approved corrective acion plan was followed for unacceptable PT performance. Findings included: 1. Review of API 2nd event of 2024, analyte ferratin, received a score of 0%. 2. Review of the documentation of the 2024 2nd API event was not signed by the LD and no corrective action documentation was available at the time of the survey. 3. In an interview on June 17, 2026 at 10:20am in the office conference room with the LD, the findings were confirmed.