

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 42D0702926	(X3) Date Survey Completed 03/25/2026
Name of Provider or Supplier South Carolina Oncology Associates Pa	Street Address, City, State 166 Stoneridge Drive, 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 March 25, 2026, at the laboratory of South Carolina Oncology Associates (SCOA) by the South Carolina Department of Public Health (SC DPH) Bureau of Nursing Homes and Medical Services. The laboratory was found to be out of compliance with Medicare condition at 42 CFR Part 493, CLIA requirements for laboratories. The following is a list of deficiencies as a result of the March 25, 2026, recertification survey:
D5777	<p>COMPARISON OF TEST RESULTS CFR(s): 493.1281(b)(c)</p> <p>(b) The laboratory must have a system to identify and assess patient test results that appear inconsistent with the following relevant criteria, when available: (b)(1) Patient age. (b)(2) Sex. (b)(3) Diagnosis or pertinent clinical data. (b)(4) Distribution of patient test results. (b)(5) Relationship with other test parameters. (c) The laboratory must document all test result comparison activities.</p> <p>This STANDARD is not met as evidenced by: Based on records review, lack of documentation, and staff interview, the laboratory failed to document comparisons for test results between testing personnel (TP) for 1 of 2 years reviewed (2024). Finding included: 1. Review of the CMS 209 reveals 6 TP for high complexity testing. 2. The surveyor requested documentation and the laboratory was unable to provide evidence of comparison studies performed by all TP for 2024. 3. In an interview with the General Supervisor (GS) on March 25, 2026, at 1: 50 pm in the laboratory, the findings were confirmed.</p>
D5791	<p>ANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1289(a)(c)</p> <p>(a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and when indicated, correct problems</p>

identified in the analytic systems specified in 493.1251 through 493.1283.

This STANDARD is not met as evidenced by:

Based on records review, lack of documentation, and staff interview, the laboratory failed to document communications of issues occurring in the laboratory. Findings included: 1. Review of laboratory's "Quality Assurance Monitors" reveals the requirement for documented communication between the laboratory and the individual ordering the test to be performed. 2. The surveyor requested and the laboratory was not able to provide documentation of communication to the laboratory staff of activities occurring in the laboratory. 3. In an interview with the GS on March 25, 2026, at 1:50pm in the laboratory, the findings were confirmed.