

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 42D0950004	(X3) Date Survey Completed 08/12/2026
Name of Provider or Supplier Beaufort County Memorial Hospital	Street Address, City, State 989 Ribaut Road, Beaufort, 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 August 12, 2026 at the laboratory of Beaufort Memorial Medical Oncology Infusion Center 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 conditions of participation for the Clinical Laboratory Improvement Amendments (CLIA) of 1988 requirements found at 42 CFR Part 493. The following is a list of STANDARD LEVEL deficiencies cited as a result of the recertification survey of August 12, 2026.
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part. This STANDARD is not met as evidenced by: Based on review of "Quality Management Plan", lack of documentation, and staff interview, the laboratory failed to document twice annual check of the laboratory information system (LIS). Findings included: 1. CLIA regulations require twice annual verification of accuracy of laboratory systems. 2. Review of laboratory's "Quality Management Plan" reveals the requirement of performance and documentation of twice annual verification of the LIS performance. 3. In an interview with the technical consultant (TC) on August 12, 2026 at 1:00pm in the laboratory, the findings were confirmed.
D5293	GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(b)(c) (b) The general laboratory systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of general

laboratory systems quality assessment reviews with appropriate staff. (c) The laboratory must document all general laboratory systems quality assessment activities.

This STANDARD is not met as evidenced by:

Based on records review, lack of documentation, and staff interview, the laboratory failed to document the quality assurance monitors. Findings included: 1. CLIA regulations require all laboratory quality assurance (QA) activities be documented. 2. Review of laboratory records reveals a lack of documentation of QA monitors performed. 3. In an interview on August 1, 2026 at 1:00pm in the laboratory with the TC, the findings were confirmed.