

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 42D2050127	(X3) Date Survey Completed 01/05/2026
Name of Provider or Supplier Medicare Express-North Charleston Llc	Street Address, City, State 2863 N Hwy 17, Mt Pleasant, 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 January 5, 2026, at the laboratory of MEDcare Express of Mt. Pleasant 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 42 CFR Part 493, Requirements for Laboratories. The following is a list of deficiencies cited as a result of the January 5, 2026 survey:
D5291	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a)</p> <p>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 general laboratory systems requirements specified at 493.1231 through 493.1236.</p> <p>This STANDARD is not met as evidenced by: Based on records review, lack of documentation, and staff interview, the laboratory failed to have a written policy and procedure for quality assessments. Findings included: 1. Procedure manual review reveals a lack of written procedure for at least twice annual quality assessments. 2. Laboratory documentation reveals quality assessments such as patient chart reviews are being conducted. 3. In an interview with the practice manager in the laboratory on January 5, 2026 at 12:10pm, the findings were confirmed.</p>