

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 42D2096022	(X3) Date Survey Completed 01/06/2026
Name of Provider or Supplier Liberty Doctors, Llc	Street Address, City, State 418 Folly Road, Suite B, Charleston, 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 6, 2026, at the laboratory of Liberty Doctors, LLC 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 standard level deficiencies cited as a result of the January 6, 2026 survey:
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on review of policy and procedure manual, personnel files, and staff interview, the laboratory failed to establish and follow written policies and procedures to assess employee and if applicable, consultant competency. Findings included: 1. Review of the laboratory's Personnel Assessment policy reveals a lack of requirement for initial competency assessments for the first year of employment. 2. Review of the laboratory's personnel files reveals a lack of initial competency assessments for 4 out of 4 testing personnel, 3. Review of Testing Personnel (TP2) competency documentation reveals a lack of competency assessments. 4. In an interview on January 6, 2026 at 12:30pm in the laboratory office with the Technical Consultant (TC), the findings were confirmed.</p>
D6053	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>(b)(9) Evaluating and documenting the performance of individuals responsible for</p>

moderate complexity testing at least semiannually during the first year the individual tests patient specimens.

This STANDARD is not met as evidenced by:

Based on review of the Personnel Assessment policy, personnel files, and staff interview, the TC failed to evaluate and document the performance of employees responsible for moderate complexity testing at least semiannually during the first year the employee tests patient specimens. Findings included: 1. Review of Personnel Assessment policy reveals a requirement for "Twice during the first year and then annually thereafter" competency assessments. 2. Review of personnel files reveals a lack of semiannual competency assessments in 3 out of 4 TPs. 3. In an interview on January 6, 2026 at 12:30pm in the laboratory office with the TC, the findings were confirmed.