Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	44D0315216	07/15/2025
Name of Provider or Supplier	**Street Address, City, State**	
Bmg Family Physicians Group Foundation, Inc	400 Market Blvd, Suite 101, Collierville, TN	

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	The following deficiencies are a result of a desk review of proficiency testing scores obtained from the national database and verified with the proficiency testing company. The facility was found to be out of compliance with the conditions of the CUA program. The following CONDITION LEVEL DEFICIENCIES were found to be out of compliance: D2016 - 42 C.F.R. 493.803 Condition: Successful participation [proficiency testing] D6000 - 42 C.F.R. 493.1403 Condition: Laboratories performing moderate complexity testing; laboratory director
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history. This CONDITION is not met as evidenced by: Based on a proficiency testing desk review from the Certification and Survey Provider

	Enhanced Reporting (CASPER) 0155 report and the laboratory's College of American Pathologists (CAP) 2024 and 2025 proficiency testing (PT) records, the laboratory failed to successfully participate in a proficiency testing program approved by HHS, for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. The laboratory failed to successfully participate in PT for the analytes Red Blood Cell (RBC), Hematocrit (HCT), and Hemoglobin (HGB), and the specialty of Hematology. Refer to D2130 and D2131.
D2130	HEMATOLOGY CFR(s): 493.851(f) (f) Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance. This STANDARD is not met as evidenced by: Based on a PT desk review of the CASPER 0155 report and the laboratory's CAP PT records, the laboratory failed to achieve an overall satisfactory performance (80% or better) for the RBC, HCT, and HGB analytes for two of three testing events. The findings include: 1. A review of the CASPER 0155 report revealed the following results: Hematology 2024 Event Three: A score of 60% for the RBC analyte. A score of 60% for the HCT analyte. A score of 60% for the HGB analyte. Hematology 2025 Event Two: A score of 0% for the RBC analyte. A score of 0% for the HCT analyte. A score of 0% for the HGB analyte. 2. A review of the laboratory's CAP PT records confirmed the above findings.
D2131	HEMATOLOGY CFR(s): 493.851(g) (g) Failure to achieve an overall testing event score of satisfactory performance for two consecutive testing events or two out of three consecutive testing events is unsuccessful performance. This STANDARD is not met as evidenced by: Based on a PT desk review of the CASPER 0155 report and the laboratory's CAP PT records, the laboratory failed to achieve an overall satisfactory performance (80% or better) for the specialty of Hematology for two of three testing events. The findings include: 1. A review of the CASPER 0155 report revealed the following results: The laboratory received an overall score of 70% for Hematology for 2024 Event Three. The laboratory received an overall score of 0% for Hematology for 2025 Event Two. 2. A review of the laboratory's CAP proficiency testing records confirmed the laboratory received the above results.
D6000	MODERATE COMPLEXITY LABORATORY DIRECTOR CFR(s): 493.1403 The laboratory must have a director who meets the qualification requirements of 493. 1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart. This CONDITION is not met as evidenced by:

	Based on a proficiency testing desk review of the CASPER 0155 report and the laboratory's CAP 2024 and 2025 PT records, the laboratory director failed to provide overall management and direction of the laboratory services. The laboratory director failed to ensure proficiency testing samples were tested as required. Refer to D6016.
D6016	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(i) (e)(4)(i) The proficiency testing samples are tested as required under Subpart H of this part; This STANDARD is not met as evidenced by: Based on a proficiency testing desk review of the CASPER 0155 report and the laboratory's CAP 2024 and 2025 PT records, the laboratory director failed to ensure proficiency testing samples were tested as required. The laboratory director failed to ensure successful participation in an HHS approved proficiency testing program. Refer to D2130 and D2131.