Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	44D2009082	08/25/2026
Name of Provider or Supplier	**Street Address, City, State**	
American Health S, Llc	5380 Hickory Hollow Parkway, Suite 120, Antioch, 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 CLIA 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 desk review of the proficiency testing (PT) records from the Certification and Survey Provider Enhanced Reporting (CASPER) 0155 report and the laboratory's College of American Pathologists (CAP) 2026 proficiency testing 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 in the specialty of Routine Chemistry for the analyte Gamma Glutamyl Transferase (GGT). Refer to D2096. .
D2096	ROUTINE CHEMISTRY CFR(s): 493.841(f) (f) Failure to achieve satisfactory performance for the same analyte or test in 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 CAP 2026 PT records, the laboratory failed to achieve an overall satisfactory performance (80% or better) for the same analyte in two of two consecutive testing events in the specialty of Routine Chemistry for the analyte Gamma Glutamyl Transferase (GGT). The findings include: 1. A review of the CASPER 0155 report revealed the following results: - 2026 Routine Chemistry Event 1: The laboratory received an unsatisfactory score of 0% for Gamma Glutamyl Transferase. - 2026 Routine Chemistry Event 2: The laboratory received an unsatisfactory score of 0% for Gamma Glutamyl Transferase. 2. A review of the 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 PT desk review of the CASPER 0155 report and the CAP 2026 PT records, the laboratory director failed to provide overall management and direction of the laboratory services. The laboratory director failed to ensure the overall quality of the laboratory services provided. 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 PT desk review of the CASPER 0155 report and the CAP 2026 PT records, the laboratory director failed to ensure the overall quality of the laboratory

	services provided. The laboratory director failed to ensure the successful participation in an HHS-approved proficiency testing program. Refer to D2096. .
D6019	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iv) (e)(4)(iv) An approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory; This STANDARD is not met as evidenced by: Based on a PT desk review of the CASPER 0155 report and CAP 2026 PT records, the laboratory director failed to ensure an approved corrective action plan was followed when PT results were unsuccessful in 2026 Event 1 and 2026 Event 2. Refer to D2096.