

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 45D0482673	<b>(X3) Date Survey Completed</b> 04/07/2026
<b>Name of Provider or Supplier</b> Diagnostic Clinic Of Longview	<b>Street Address, City, State</b> 707 Hollybrook, Longview, TX	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	Based on a proficiency testing desk review survey performed on April 7, 2026, the laboratory was found to be out of compliance based on the following <b>CONDITION LEVEL DEFICIENCIES</b> : D2016 - 42 C.F.R. 493.803 Condition: Successful participation D6000 - 45 C.F.R. 493.1403 Condition: Laboratories performing moderate complexity testing; laboratory director.
<b>D2016</b>	<p><b>SUCCESSFUL PARTICIPATION</b> CFR(s): 493.803(a)(b)(c)</p> <p>(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.</p> <p>This <b>CONDITION</b> is not met as evidenced by: Based on review of the Certification and Survey Enhanced Reporting (CASPER)-0155D and American Proficiency Institute (API) records (2025-2, 2025-3, and 2026-1) the laboratory failed to participate in a proficiency testing program approved by</p>

	<p>HHS for each specialty, subspecialty and analyte or test in which the laboratory is certified under CLIA, the laboratory failed to successfully participate in the subspecialty of Routine Chemistry for the analyte Aspartate Aminotransferase (AST) resulting in a non-initial unsuccessful performance. Refer to 2096.</p>
<b>D2096</b>	<p><b>ROUTINE CHEMISTRY</b> CFR(s): 493.841(f)</p> <p>(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.</p> <p>This STANDARD is not met as evidenced by: Based on a desk review of the Certification and Survey Enhanced Reporting (CASPER)- 0155D and American Proficiency Institute (API) testing records for 2025 and 2026, the laboratory failed to achieve an overall testing event score of satisfactory performance (80% or greater) for three of three consecutive testing events in the subspecialty of Routine Chemistry for the analyte Aspartate Aminotransferase (AST). Findings include: 1. A review of the CASPER Report 0155D listed the following scores for the chemistry analyte AST: Analyte - Event - Score AST 2025 Event 2 - 60% AST 2025 Event 3 - 0% AST 2026 Event 1 - 60% 2. A review of the API proficiency testing records for 2025 and 2026 confirmed the above findings.</p>
<b>D6000</b>	<p><b>MODERATE COMPLEXITY LABORATORY DIRECTOR</b> CFR(s): 493.1403</p> <p>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.</p> <p>This CONDITION is not met as evidenced by: Based on a desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155D Individual Laboratory Profile, American Proficiency Institute (API) testing records, the laboratory director failed to ensure successful participation in an HHS approved proficiency testing program for the routine chemistry analyte Aspartate Aminotransferase (AST) for three of three consecutive events in 2025 and 2026, resulting in a non-initial unsuccessful performance. Refer to D6016.</p>
<b>D6016</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(4)(i)</p> <p>(e)(4)(i) The proficiency testing samples are tested as required under Subpart H of this part;</p> <p>This STANDARD is not met as evidenced by: Based on a desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 0155D Individual Laboratory Profile, American Proficiency Institute (API) testing records, the laboratory director failed to ensure successful participation in an HHS approved proficiency testing program for the analyte</p>

Aspartate Aminotransferase (AST) for three of three consecutive events from 2025 event 2 to 2026 event 1. Refer to D2096.