

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0988130	(X3) Date Survey Completed 11/11/2025
Name of Provider or Supplier Bootin And Savrick Pediatric Associates	Street Address, City, State 7501 Fannin Suite #850, Houston, TX	
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	A PTDR (Proficiency testing desk review) was performed on 11/11/25. 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	<p>SUCCESSFUL PARTICIPATION 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 CONDITION is not met as evidenced by: Based on a desk review of proficiency testing records obtained from the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual</p>

	<p>Laboratory Profile and verified with American Associates of Bioanalysts-Medical Laboratory Evaluation (AAB-MLE), the laboratory failed to attain successful performance for 4 of 4 consecutive testing events in specialty of Hematology for a regulated analyte of Hematocrit for 4 of 4 proficiency testing events for 2024 3rd event, 2025 1st event, , 2025 2nd event, and 2025 3rd event, resulting in non-initial PT failure. Refer to D2130. Key: PT=Proficiency testing</p>
<p>D2130</p>	<p>HEMATOLOGY CFR(s): 493.851(f)</p> <p>(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.</p> <p>This STANDARD is not met as evidenced by: Based on a desk review of proficiency testing records obtained from the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile and verified with the proficiency testing company AAB-MLE, the laboratory failed to achieve successful performance for 4 of 4 consecutive testing events in specialty of Hematology for the regulated analyte of Hematocrit for 4 of 4 proficiency testing events for 2024 3rd event, 2025 1st event, 2025 2nd event, and 2025 3rd event, resulting in non-initial PT failure. The findings were: 1. Review of the CASPER Report 155 Individual Laboratory Profile revealed the laboratory received unsatisfactory scores in 2024 3rd event, 2025 1st event, 2025 2nd event, and 2025 3rd event. HCT (Non-waived) 2024 3rd event: 20% 2025 1st event: 60% 2025 2nd event: 60% 2025 3rd event: 0% 2. Review of the AAB-MLE Proficiency Testing records confirmed the laboratory received the above results for the hematocrit analyte in 4 of 4 proficiency testing events in 2024 and 2025. Key: AAB-MLE=American Associates of Bioanalysts-Medical Laboratory Evaluation CMS=Center for Medicare and Medicaid Services</p>
<p>D6000</p>	<p>MODERATE COMPLEXITY LABORATORY DIRECTOR 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 proficiency testing records obtained from the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile and verified with the proficiency testing company American Association of Bioanalysts Medical Laboratory Evaluation (AAB-MLE) for 2024 3rd event, 2025 1st event, 2025 2nd event, and 2025 3rd event, the laboratory director failed to provide overall management and direction of the laboratory services. Refer to D6016.</p>
<p>D6016</p>	<p>LABORATORY DIRECTOR RESPONSIBILITIES 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>

This STANDARD is not met as evidenced by:

Based on a desk review of proficiency testing records obtained from the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile and verified with the proficiency testing company American Association of Bioanalysts Medical Laboratory Evaluation (AAB-MLE), the laboratory failed to achieve successful performance for 4 of 4 consecutive testing events in specialty of Hematology for a regulated analyte of Hematocrit for 4 of 4 proficiency testing events for 2024 3rd event, 2025 1st event, 2025 2nd event, and 2025 3rd event, resulting in non-initial unsuccessful PT performance. Refer to D2130.