

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D1022277	(X3) Date Survey Completed 11/19/2025
Name of Provider or Supplier Summit Urgent Care Center	Street Address, City, State 1523 N Zaragosa, El Paso, 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	The laboratory was found to be in compliance with 42 CFR Part 493, Requirements for Laboratories as a result of a validation survey completed on November 19, 2025.
D2121	<p>HEMATOLOGY CFR(s): 493.851(a)</p> <p>(a) Failure to attain a score of at least 80 percent of acceptable responses for each analyte in each testing event is unsatisfactory analyte performance for the testing event.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory proficiency testing records, and confirmed in interview, the laboratory failed to achieve a passing score (80% or higher) for red blood cell count (RBC) and hematocrit, for one of two hematology proficiency testing events reviewed in 2025. The findings included: 1. Review of the Wisconsin State Laboratory of Hygiene (WSLH) proficiency testing records for 2025 event one and event two included the following hematology failures: 2025 Hematology Event 2 Analyte/Test - Score RBC - 0% Hematocrit - 0% 2. In an interview on 11/19/2025 at 11:35 hours, in the office, testing personnel (TP) 1 confirmed the laboratory did not achieve a passing score for RBC and hematocrit testing for the specialty of hematology.</p>
D2128	<p>HEMATOLOGY CFR(s): 493.851(e)</p> <p>(e)(1) For any unsatisfactory analyte or test performance or testing event for reasons other than a failure to participate, the laboratory must undertake appropriate training and employ the technical assistance necessary to correct problems associated with a proficiency testing failure. (2) For any unacceptable analyte or testing event score, remedial action must be taken and documented, and the documentation must be</p>

maintained by the laboratory for two years from the date of participation in the proficiency testing event.

This STANDARD is not met as evidenced by:

Based on review of laboratory proficiency testing records, proficiency testing corrective action forms, and confirmed in interview, the laboratory failed to document remedial action, technical assistance, and retraining efforts after receiving an unsatisfactory score (80% or higher is considered passing) for red blood cell count (RBC) and hematocrit, for one of two hematology proficiency testing events reviewed in 2025. The findings included: 1. Review of the Wisconsin State Laboratory of Hygiene (WSLH) proficiency testing records for 2025 event one and event two included the following hematology failures: 2025 Hematology Event 2 Analyte/Test - Score RBC - 0% Hematocrit - 0% 2. Review of the laboratory document titled "PT Failure Corrective Action Worksheet, signed by the laboratory director on 7/24/2025, did not include documentation of remedial action, technical assistance, and retraining to investigate and potentially correct the problem that may have caused RBC and hematocrit proficiency testing failure. 3. In an interview on 11/19/2025 at 11:40 hours, in the office, testing personnel (TP) 1 confirmed the laboratory did not have documentation of remedial action, technical assistance, and retraining as part of the PT failure corrective action workup.