Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 45D1088854	**(X3) Date Survey Completed** 07/15/2025
Name of Provider or Supplier The Hospital At Westlake 360	**Street Address, City, State** 5656 Bee Cave Road Bldg L 2nd Floor, Austin, 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	Based on a proficiency testing desk review survey performed on July 15, 2025, the laboratory was found to be out of compliance based on the following CONDITION LEVEL DEFICIENCIES: D2016 - 42 C.F.R. 493.803 Condition: Successful participation D6000 - 42 C.F.R. 493.1403 Condition: Laboratory Director, moderate complexity
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 review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report, 155 Individual Laboratory Profile, and American Proficiency Institute (API) records, the laboratory failed to achieve successful performance in two

	of three consecutive testing events for 2023 and 2024 and two consecutive testing events in 2025, resulting in non-initial unsuccessful PT performance. 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 desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile and the American Proficiency Institute (API) testing records for 2023, 2024, and 2025, the laboratory failed to achieve satisfactory performance (80% or greater) for two of three consecutive testing events in 2023 and 2024 and two consecutive events in 2025 for the analyte Creatine Kinase (CK) resulting in non-initial unsuccessful PT performance. The findings included: 1. A review of the CASPER Report 155 listed the following scores for the PT analyte CK, Total: 2023 Event 2: CK, Total - 60 2024 Event 1: CK, Total - 60 2025 Event 1: CK, Total - 60 2025 Event 2: CK, Total - 60 2. A desk review of API proficiency testing records for 2023, 2024, and 2025 confirmed that the laboratory received the following CK, total scores: 2023 Event 2: CK, Total - 60 2024 Event 1: CK, Total - 60 2025 Event 1: CK, Total - 60 2025 Event 2: CK, Total - 60
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 desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile, the American Proficiency Institute (API) testing records, the laboratory director failed to ensure successful participation in an HHS approved proficiency testing program for the analyte Creatine Kinase (CK), total for two of three consecutive events from 2023 to 2024 and two consecutive testing events in 2025 resulting in non-initial unsuccessful PT performance. 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 desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile and the American Proficiency Institute (API) proficiency testing records, the laboratory director failed to ensure

	successful participation in a HHS approved proficiency testing program for the analyte Creatine Kinase (CK), total for two of three consecutive events from 2023 to 2024 and two consecutive testing events in 2025 resulting in non-initial unsuccessful PT performance. Refer to D2096.