

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2105383	(X3) Date Survey Completed 09/24/2025
Name of Provider or Supplier Terrell Urgent Care	Street Address, City, State 104 Lee Street, Terrell, 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 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 following CONDITION LEVEL DEFICIENCIES of the CLIA program: D2016 - 42 C.F.R. 493.803 Condition: Successful participation 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 proficiency testing desk review of Centers for Medicare and Medicaid Services (CMS) 0155 report and American Proficiency Institute (API) 2024 and 2025</p>

	<p>proficiency testing (PT) records, the laboratory failed to successfully participate in the specialty of Hematology in the WBC Diff (White Blood Cell Differential) analyte for two of three events in 2024 and 2025, resulting in an initial PT failure. Refer to D2130.</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 proficiency testing desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 0155 Individual Laboratory Profile, American Proficiency Institute (API) proficiency testing (PT) records from 2024 and 2025, and confirmed in interview, the laboratory failed to achieve satisfactory performance (80% or greater) for the WBC Differential (WBC Diff) analyte in two out of three proficiency testing events in 2024 and 2025, resulting in an initial PT failure. Findings Included: 1. Review of the CASPER 0155 report revealed the following results: a. Hematology 2024-Third Event: Laboratory received an unsatisfactory score of 0% for WBC Diff analytes. b. Hematology 2025-First Event: Laboratory received an unsatisfactory score of 67% for WBC Diff analytes. 2. Review of the AAB Proficiency Testing records confirmed the laboratory received the above results for the WBC Diff analyte in two out of three proficiency testing events in 2024 and 2025. 3. In an interview in the facility break room on 09/24/2025 at 10:15 AM, the facility laboratory manager confirmed the laboratory failed to achieve satisfactory performance (80% or greater) for the WBC Differential (WBC Diff) analyte in two out of three proficiency testing events in 2024 and 2025, resulting in an initial PT failure.</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 proficiency testing desk review of CMS 0155 report and American Proficiency Institute (API) 2024 and 2025 records, 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> <p>This STANDARD is not met as evidenced by: Based on a proficiency testing desk review of CMS 0155 report and American</p>

Proficiency Institute (API) 2024 and 2025 records, the laboratory director failed to ensure the overall quality of the laboratory services provided. The laboratory director failed to ensure successful participation in an HHS approved proficiency testing program for the WBC Diff (White Blood Cell Differential) analyte for two of three events in 2024 and 2025. Refer to D2130.