Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	48D0922328	02/04/2026
Name of Provider or Supplier	**Street Address, City, State**	
Community Medical Laboratory Inc	9149 Estate Thomas Ste 102, Charlotte Amalie, VI	

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 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]. D6076 - 42 C.F.R. 493.1403 Condition: Laboratories performing high complexity testing; laboratory director.
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 proficiency testing desk review of the Certification and Survey Provider

	Enhanced Reporting (CASPER) 0153, CASPER 0155 reports and the College of American Pathologist (CAP) evaluation reports, the laboratory failed to successfully participate in the sub-specialty of Endocrinology for the Folate, serum analyte for two of three events in 2025. Refer to D2107.
D2107	ENDOCRINOLOGY CFR(s): 493.843(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 proficiency testing desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) 0153, CASPER 0155 reports and the College of American Pathologist (CAP) evaluation reports, the laboratory failed to successfully participate to successfully participate in the sub-specialty of Endocrinology for the Folate, serum analyte for two of three events in 2025. Findings: 1. A review of CASPER 0153 and CASPER 0155 reports on February 4, 2026, revealed the following unsatisfactory scores: a. CAP - 2025- 2nd Event - 40% for Folate, serum. b. CAP - 2025- 3rd Event - 60% for Folate, serum. 2. A review of CAP 2025 proficiency testing records confirmed the laboratory received the above scores.
D6076	LABORATORY DIRECTOR CFR(s): 493.1441 The laboratory must have a director who meets the qualification requirements of 493. 1443 of this subpart and provides overall management and direction in accordance with 493.1445 of this subpart. This CONDITION is not met as evidenced by: Based on a proficiency testing desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) 0153, CASPER 0155 reports and the College of American Pathologist (CAP) evaluation reports, the laboratory director failed to provide overall management and direction of laboratory services. Refer to D6089.
D6089	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(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 proficiency testing desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) 0153, CASPER 0155 reports and the College of American Pathologist (CAP) evaluation reports, the laboratory director failed to ensure successful participation in an HHS approved proficiency testing program and ensure the overall quality of the laboratory services provided. Refer to D2107.