Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	06D0518570	06/18/2026
Name of Provider or Supplier	**Street Address, City, State**	
Valley Citizens' Foundation For Health Care Inc	310 County Rd 14, Del Norte, CO	

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 an on-site certification survey conducted on June 18, 2026, deficiencies were cited for Rio Grande Hospital located in Del Norte, Colorado.
D5445	CONTROL PROCEDURES CFR(s): 493.1256(d)(1)(2)(g) (d) Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must-- (d)(1) Perform control procedures as defined in this section unless otherwise specified in the additional specialty and subspecialty requirements at 493. 1261 through 493.1278. (d)(2) For each test system, perform control procedures using the number and frequency specified by the manufacturer or established by the laboratory when they meet or exceed the requirements in paragraph (d)(3) of this section. (d)(3) At least once each day patient specimens are assayed or examined perform the following for: This STANDARD is not met as evidenced by: Based on a review of the laboratory Individualized Quality Control Plan (IQCP), i-STAT quality control (QC) records, and an interview with the general supervisor (GS), the laboratory failed to follow its IQCP for testing external controls on its i-STAT analyzer for the Chem8+ cartridge. One i-STAT Chem8+ test was performed and resulted in April 2026. Findings include: 1. Based on a review of the laboratory's i-STAT Chem8+ IQCP quality control requirements, the laboratory requires external QC to be performed once a month of patient testing, per new lot/shipment, whenever there is a perceived problem, for troubleshooting purposes, and per tech discretion. 2. Based on a review of the laboratory's QC records, the laboratory did not perform QC for the month of April 2026. There was one i-STAT Chem8+ patient test performed and resulted in April 2026. 3. An interview with the GS on June 18, 2026, at

	approximately 1:45 PM, confirmed that the laboratory did not follow its IQCP QC requirements for the i-STAT Chem8+ test by failing to perform QC on the month of April when patient test was performed.
D5477	CONTROL PROCEDURES CFR(s): 493.1256(e)(4)(g) (e)(4) Before, or concurrent with the initial use-- (e)(4)(i) Check each batch of media for sterility if sterility is required for testing; (e)(4)(ii) Check each batch of media for its ability to support growth and, as appropriate, select or inhibit specific organisms or produce a biochemical response; and (e)(4)(iii) Document the physical characteristics of the media when compromised and report any deterioration in the media to the manufacturer. This STANDARD is not met as evidenced by: Based on the laboratory Individualized Quality Control Plan (IQCP), microbiology media quality control (QC) records review, and an interview with the general supervisor (GS), the laboratory failed to document the physical characteristics of the CLSI-exempt media since the last survey performed in September 2024. The laboratory performs approximately 1,597 bacteriology cultures annually. Findings include: 1. A review of the laboratory IQCP for commercially prepared "CLSI-Exempt" media revealed that the laboratory must review manufacturer Certificate of Analysis (CoAs) provided with each batch/lot/shipment of media, perform a visual inspection of media for physical defects or contamination, and mainten logs to record media received, any defects, observed and any interations with manufacturer aobout the defective media. The laboratory supervisor is to review these logs monthly for trends. 2. A review of the microbiology media quality control records revealed that the laboratory does not have a log to record CLSI-exempt media received and any defects observed, as required by the IQCP. 3. Based on an interview with the GS on June 18, 2026, at approximately 2:00 PM, confirmed that the laboratory does not keep a log to record media received and any defects observed as required by the IQCP.