Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	06D0519614	05/11/2026
Name of Provider or Supplier	**Street Address, City, State**	
Grand River Medical Center	501 Airport Rd, Rifle, 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	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 provider. 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: 42 C.F.R. 493.803 Condition: Successful Participation [proficiency testing];
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 routine proficiency testing desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) 0155D report and confirmation email from

	the laboratory director, the laboratory failed to successfully participate in proficiency testing for C-reactive protein (high sensitivity) analyte resulting in an initial unsuccessful participation. Refer to D2084.
D2084	GENERAL IMMUNOLOGY CFR(s): 493.837(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 routine proficiency testing desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) 0155D report and confirmation email from the laboratory director, the laboratory failed to successfully participate in proficiency testing for C-reactive protein (high sensitivity) analyte in two consecutive testing events (event 3 in 2025 and event 1 in 2026) resulting in an initial unsuccessful participation. Findings include: 1. A review of the CASPER 0155D report on 05/06 /2026 at 12:00 PM revealed the C-reactive protein (high sensitivity) score for PT event 3 in 2025 was 40%, and the score for PT event 1 in 2026 was 20%. 2. An email from the laboratory director on 05/08/2026 at 2:00 PM confirmed that the C-reactive protein (high sensitivity) score for PT event 3 in 2025 was 40%, and the score for PT event 1 in 2026 was 20%.