Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	13D0521010	10/28/2019
Name of Provider or Supplier	**Street Address, City, State**	
Rexburg Medical Center	393 E 2nd North, Rexburg, ID	

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
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 (PT) desk review and the laboratory's PT results from the American Proficiency Institute (API), the laboratory failed to successfully participate in three consecutive testing events for the analyte White Blood Cell Differential (WBC Diff). This constitutes non-initial or subsequent unsuccessful participation. Refer to D2130
D2130	HEMATOLOGY CFR(s): 493.851(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. This STANDARD is not met as evidenced by: Based on a proficiency testing (PT) desk review and the laboratory's graded PT results from the American Proficiency Institute (API), the laboratory failed to achieve satisfactory performance for three consecutive testing events for the analyte, White Blood Cell Differential (WBC Diff). Findings: Analyte Year Event Score WBC Diff 2018 3 67% WBC Diff 2019 1 52% WBC Diff 2019 2 60%
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 the deficiencies cited under the Laboratory Director's responsibilities and the subsequent unsuccessful performance in proficiency testing, the laboratory director failed to provide overall management for the laboratory. See D6089.
D6089	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(i) The laboratory director must ensure 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 (PT) review and the laboratory's PT results from the American Proficiency Institute, the Laboratory Director failed to ensure the laboratory maintained successful participation in proficiency testing for the analyte White Blood Cell Differential (WBC Diff). Findings: Analyte Year Event Score WBC Diff 2018 3 67% WBC Diff 2019 1 52% WBC Diff 2019 2 60%