Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	13D0701400	10/15/2024
Name of Provider or Supplier	**Street Address, City, State**	
Minidoka Memorial Hospital	1224 8th St, Rupert, 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 of the Centers for Medicare and Medicaid (CMS) PT data report (Report 155D), graded results from the College of American Pathologists (CAP) and a telephone interview with the Laboratory Manager on 10/09/2024 at 11:14 AM, the laboratory failed to successfully participate in proficiency testing for Immunohematology Compatibility Testing 2 (two) out of 3 (three) events for 2024. Refer to D2181.
D2181	COMPATIBILITY TESTING CFR(s): 493.863(e)

	Failure to achieve an overall testing event score of satisfactory for 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 (PT) desk review of the Centers for Medicare and Medicaid (CMS) PT data report (Report 155D), the laboratory's graded results from the College of American Pathologists (CAP) and a phone interview with the laboratory manager on 10/09/2024 at 11:14 AM, the laboratory failed to achieve an overall testing event score of satisfactory performance for (2) two out of (3) three testing events for Immunohematology Compatibility testing for 2024. The findings include: 1. A PT desk review of Report 155D and graded PT results from CAP identified that the laboratory failed to achieve satisfactory scores for immunohematology compatibility testing. Analyte Year Event Score Compatibility Testing 2024 1 0% Compatibility Testing 2024 2 80% 2. A telephone interview with the laboratory manager on 10/09/2024 at 11:14 AM confirmed the above findings.