Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	23D0037201	04/20/2026
Name of Provider or Supplier	**Street Address, City, State**	
Caro Community Hospital	401 N Hooper St, Caro, MI	

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	. A proficiency testing desk review survey was performed on April 20, 2026, by the State of Michigan Department of Licensing and Regulatory Affairs. The laboratory was found out of compliance with CLIA regulations (42 CFR Part 493, Laboratory Requirements) for the following Condition(s): 493.803 Condition: Successful participation.
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 record review of the CMS database, American Proficiency Institute (API)

	proficiency testing reports and interview with the laboratory manager, the laboratory failed to achieve satisfactory performance for 2 (3rd Event 2025 and 1st Event 2026) of 3 testing events for immunohematology compatibility testing. Refer to D2181.
D2181	COMPATIBILITY TESTING CFR(s): 493.863(e) (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 record review of the CMS database, American Proficiency Institute (API) proficiency testing reports and interview with the laboratory manager, the laboratory failed to achieve satisfactory performance for 2 (3rd Event 2025 and 1st Event 2026) of 3 testing events for immunohematology compatibility testing. Findings include: 1. A record review of the CMS database and API proficiency testing reports revealed the laboratory failed achieve satisfactory performance for 2 out of 3 consecutive proficiency testing (PT) events: Compatibility Testing PT Event Score 3rd event 2025 80% 1st event 2026 80% 2. A phone interview with the laboratory manager on 4/20 /2026 at 4:00 pm confirmed that the laboratory failed the events in the above findings.