

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D0403629	(X3) Date Survey Completed 01/15/2025
Name of Provider or Supplier Community Memorial Hospital	Street Address, City, State 512 Skyline Blvd, Cloquet, MN	
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 Community Memorial Hospital laboratory was found to be out of compliance with the regulations of the Clinical Laboratory Improvement Amendments of 1988 (42 C.F.R. part 493) upon completion of the proficiency testing desk review survey performed on January 15, 2025. The following condition-level deficiencies were cited: 493.303 Successful Participation The following standard-level deficiencies were cited: 493.851 Hematology .
D2016	<p>SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c)</p> <p>(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.</p> <p>This CONDITION is not met as evidenced by: . Based on review of proficiency testing (PT) reports from the Center for Medicare and Medicaid Services (CMS) and the College of Pathologists (CAP), the laboratory</p>

failed to successfully participate in Partial Thromboplastin Time (PTT) PT under the specialty of Hematology in 2024. Findings are as follows: 1. The CMS CASPER Report 0155D and the 2024 CAP CGL-B Coagulation Evaluation and 2024 CAP CGL-C Coagulation Evaluation were reviewed on January 15, 2025. The reports indicated the laboratory failed to achieve satisfactory performance for PTT in two of three consecutive testing events from 2024 resulting in unsuccessful performance. See D2130. .

D2130

HEMATOLOGY
CFR(s): 493.851(f)

(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 review of proficiency testing (PT) reports from the Center for Medicare and Medicaid Services (CMS) and the College of American Pathologists (CAP), the laboratory failed to achieve successful PT performance for Partial Thromboplastin Time (PTT) testing in two of three consecutive PT events in 2024. Findings include: 1. The CMS CASPER Report 0153D, reviewed on January 15, 2024 indicated the laboratory failed to obtain a successful PTT score of at least 80 percent in two of three consecutive testing events in 2024. 2. The 2024 CAP CGL-B Coagulation Evaluation and 2024 CAP CGL-C Coagulation Evaluation confirmed the laboratory failed to obtain a PTT score of at least 80 percent in two of three consecutive testing events in 2024. See below. 2024 2nd event 20% 2024 3rd event 0% .