Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	24D0405305	01/16/2026
Name of Provider or Supplier	**Street Address, City, State**	
Murray County Medical Center	2042 Juniper Avenue, Slayton, 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 Murray County Medical Center 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 16, 2026. The following condition-level deficiencies were cited: 493.803 Successful Participation 493.1441 Laboratories performing high complexity testing; laboratory director The following standard-level deficiencies were cited: 493.861 Unexpected antibody detection. 493.1445 Laboratory director responsibilities .
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 desk review of proficiency testing (PT) records from the Certification and Survey Provider Enhanced Reporting (CASPER) 0155 report and 2025 American Proficiency Institute (API) records, the laboratory failed to successfully participate in a proficiency testing program approved by HHS, for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. The laboratory failed to successfully participate in the specialty of Immunohematology and for the analytes Unexpected Antibody Detection. Refer to D2172. .
D2172	UNEXPECTED ANTIBODY DETECTION CFR(s): 493.861(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 a proficiency testing desk review of CASPER 0155 report and 2025 American Proficiency Institute (API) proficiency testing records, the laboratory failed to achieve satisfactory performance (100%) for the same analyte in two of three consecutive testing events in the specialty of Immunohematology for the analyte Unexpected Antibody Detection. Findings are as follows: 1. Review of the CASPER 0155 report revealed the following results: 2025 Immunology/Immunohematology - 2nd Event: The laboratory received an unsatisfactory score of 0% for Unexpected Antibody Detection 2025 Immunology/Immunohematology - 3rd Event: The laboratory received an unsatisfactory score of 80% for Unexpected Antibody Detection 2. A review of the 2025 American Proficiency Institute (API) proficiency testing records (2nd and 3rd Immunology/Immunohematology Events) confirmed the laboratory received the above results. .
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 a proficiency testing desk review of CASPER 0155 report and 2025 American Proficiency Institute (API) records, the laboratory director failed to provide overall management and direction of the laboratory services. The laboratory director failed to ensure proficiency testing samples were tested as required. Refer to D2172. .
D6089	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(i) (e)(4)(i) 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 desk review of CASPER 0155 report and 2025

	American Proficiency Institute (API) records, the laboratory director failed to ensure proficiency testing samples were tested as required. The laboratory director failed to ensure successful participation in an HHS approved proficiency testing program. Refer to D2172. .