

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  24D0406017	<b>(X3) Date Survey Completed</b>  02/13/2026
<b>Name of Provider or Supplier</b>  Centracare Paynesville	<b>Street Address, City, State</b>  200 1st Street W, Paynesville, MN	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	The Centracare Paynesville 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 February 13, 2026. The following condition-level deficiencies were cited: 493.803 Successful Participation The following standard-level deficiencies were cited: 493.829 Parasitology .
<b>D2016</b>	<p><b>SUCCESSFUL PARTICIPATION</b> 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 a desk review of proficiency testing (PT) records from the Certification and Survey Provider Enhanced Reporting (CASPER) 0155 report and American</p>

Proficiency Institute 2025 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 subspecialties Parasitology. Refer to D2055. .

**D2055**

**PARASITOLOGY**  
CFR(s): 493.829(e)

(e) Failure to achieve an overall testing event score of satisfactory performance 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 0155D report and American Proficiency Institute (API) 2025 proficiency testing records, the laboratory failed to achieve an overall testing event score (80% or greater) in two of three consecutive testing events in the subspecialty of Parasitology. Findings are as follows: 1. Review of the CASPER 0155D report revealed the following results: 2025 1st Event the laboratory received an unsatisfactory score of 73% for Parasitology. 2025 3rd Event the laboratory received an unsatisfactory score of 0% for Parasitology. 2. A review of the API 2025 proficiency testing records confirmed the laboratory received the above results. See below. API Microbiology 2025 1st event Parasitology 73% - Cryptosporidium Antigen 20% API Microbiology 2025 3rd Event Parasitology 0% - Cryptosporidium Antigen 0% (Failure to participate) .