Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	24D0906863	06/05/2026
Name of Provider or Supplier	**Street Address, City, State**	
Dr V M Baich Pa	101 Baich Drive, Coleraine, 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 Dr V M Baich PA 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 June 5, 2026. The following condition-level deficiency was cited: 493.803 Successful Participation The following standard-level deficiency was cited: 493.851 Hematology .
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 American

	Proficiency Institute (API) from 2025 and 2026, 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 Hematology for the analyte Red Blood Cells. Refer to 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 CASPER and API, the laboratory failed to achieve successful PT performance (80% or better) for Red Blood Cells (RBC) testing under the specialty of Hematology in two of three consecutive PT events in 2025 and 2026. Findings include: 1. Review of the CMS CASPER 0155D report revealed the following results: Hematology 2025 3rd Event: The laboratory received an unsatisfactory score of 60% for RBC. Hematology 2026 1st Event: The laboratory received an unsatisfactory score of 40% for RBC. 2. Review of API 2025 Hematology / Coagulation - 3rd Event and 2026 Hematology / Coagulation - 1st Event Comparative Evaluation reports confirmed the laboratory received the above results. .