

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 27D0409886	(X3) Date Survey Completed 12/11/2024
Name of Provider or Supplier Colstrip Medical Center	Street Address, City, State 6230 Main Street, Colstrip, MT	
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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on a review of proficiency testing records from the American Proficiency Institute (API), biannual verification records, the test volume report, and an interview with laboratory director (LD) #1, the laboratory failed to perform two out of two biannual verifications for microscopic urinalysis for the year 2024. Findings: 1. A review of the Test Volume Report revealed eight patients' urine samples were microscopically examined from December 2023 to December 2024 (12 months). 2. A review of API records and biannual verification records lacked verification of microscopic urinalysis in 2024. 3. Interview on December 11, 2024, at 9:00 AM with the LD #1 confirmed the laboratory failed to perform biannual verification of microscopic urinalysis in 2024.</p>