

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 29D0706920	(X3) Date Survey Completed 06/03/2025
Name of Provider or Supplier Fallon Paiute-Shoshone Tribe	Street Address, City, State 1001 Rio Vista Dr, Fallon, NV	
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	A federal jurisdictional recertification survey was conducted on 6/3/2025. A standard level deficiency was cited.
D5401	<p>PROCEDURE MANUAL CFR(s): 493.1251(a)</p> <p>(a) A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's procedure, and interview with testing personnel #1 ((from CMS-209 form), the laboratory failed to follow their centrifuge cleaning policy for 2 of 2 months (April and May 2025) as evidenced by: 1. The laboratory's procedure, General Maintenance V. 1.08.2022 pg 3. for centrifuges stated, "Clean weekly (or as needed) using a fresh 10% bleach solution." 2. During an interview at 1015 with testing personnel #1 she stated that she used Cavi wipes for weekly cleaning of the centrifuge. She demonstrated how she used the Cavi wipes lot# W724114PA instead of 10% bleach solution on Horizon 642E centrifuge for the weekly cleaning. When further interviewed, she did not know that 10% bleach solution was to be used.</p>