

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 37D0475339	<b>(X3) Date Survey Completed</b> 02/03/2021
<b>Name of Provider or Supplier</b> Wagoner Community Hospital	<b>Street Address, City, State</b> 1200 W Cherokee, Wagoner, OK	
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 following deficiencies are a result of a desk review of proficiency testing scores obtained from the national database. The laboratory was found out of compliance with the following CLIA regulations: 1. 493.803: D2016: Successful Participation 2. 493.807: D2017: Reinstatement of Nonwaived Laboratories 3. 493.1441: D6076: Laboratory Director, High Complexity
<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 scores obtained from the Casper 0155D report, the laboratory failed to successfully participate in a proficiency testing program for the subspecialty of Compatibility Testing. Findings include: (1) The</p>

	<p>laboratory failed to achieve satisfactory performance for three of four proficiency testing events for Compatibility Testing. Refer to D2181.</p>
<p><b>D2017</b></p>	<p><b>REINSTATEMENT OF NONWAIVED LABORATORIES</b> CFR(s): 493.807(a)(b)</p> <p>(a) If a laboratory's certificate is suspended or limited or its Medicare or Medicaid approval is cancelled or its Medicare or Medicaid payments are suspended because it fails to participate successfully in proficiency testing for one or more specialties, subspecialties, analyte or test, or voluntarily withdraws its certification under CLIA for the failed specialty, subspecialty, or analyte, the laboratory must then demonstrate sustained satisfactory performance on two consecutive proficiency testing events, one of which may be on site, before CMS will consider it for reinstatement for certification and Medicare or Medicaid approval in that specialty, subspecialty, analyte or test. (b) The cancellation period for Medicare and Medicaid approval or period for suspension of Medicare or Medicaid payments or suspension or limitation of certification under CLIA for the failed specialty, subspecialty, or analyte or test is for a period of not less than six months from the date of cancellation, limitation or suspension of the CLIA certificate.</p> <p>This CONDITION is not met as evidenced by: Based on a desk review of proficiency testing scores obtained from the Casper 0155D report, the laboratory failed to successfully participate in a proficiency testing program for Compatibility Testing. Findings include: (1) The laboratory failed to successfully participate in proficiency testing for Compatibility Testing. Refer to D2181.</p>
<p><b>D2181</b></p>	<p><b>COMPATIBILITY TESTING</b> CFR(s): 493.863(e)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on a desk review of proficiency testing scores obtained from the Casper 0155D report, the laboratory failed to achieve satisfactory performance for Compatibility Testing in three of four proficiency testing events. Findings include: (1) The laboratory received the following scores: (a) A score of 80% was received on the Third 2019 Event; (b) A score of 80% was received on the Second 2020 Event; (c) A score of 80% was received on the Third 2020 Event.</p>
<p><b>D6076</b></p>	<p><b>LABORATORY DIRECTOR</b> CFR(s): 493.1441</p> <p>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.</p> <p>This CONDITION is not met as evidenced by:</p>

Based on a desk review of proficiency testing scores obtained from the Casper 0155D report, the laboratory demonstrated non-initial unsuccessful participation for Compatibility Testing. The laboratory failed to achieve a passing score of 100% for the Third 2019 Event, Second 2020 Event, and the Third 2020 Event. Refer to D6091.

**D6091**

**LABORATORY DIRECTOR RESPONSIBILITIES**  
CFR(s): 493.1445(e)(4)(iii)

The laboratory director must ensure all proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action.

This STANDARD is not met as evidenced by:  
Based on a review of proficiency testing scores obtained from the Casper 0155D report the laboratory demonstrated non-initial unsuccessful participation for Compatibility Testing. The laboratory failed to achieve a passing score (100%) for the Third 2019 Event, Second 2020 Event, and Third 2020 Event. Refer to D2016, D2017, and D2181.