

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D0656919	(X3) Date Survey Completed 04/21/2026
Name of Provider or Supplier Wallowa Memorial Hospital Lab	Street Address, City, State 601 Medical Parkway, Enterprise, OR	
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	Based on the desk review of proficiency testing (PT) from AAB-Medical Laboratory Evaluation 2nd event in 2025 and 1st event in 2026, the laboratory failed to meet the following conditions, resulting in an initial unsuccessful PT participation: D2016 - 42 CFR 493.803 Condition: Successful participation (proficiency testing) D6076 - 42 CFR 1441 Condition: Laboratories performing high complexity testing; laboratory director
D2016	<p>SUCCESSFUL PARTICIPATION 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 proficiency testing (PT) desk review of the AAB-Medical Laboratory Evaluation proficiency testing results, review of the Casper Report 0155D , and email</p>

	<p>communication with the technical supervisor (TS) revealed the laboratory had unsuccessful participation for two nonconsecutive testing event for the specialty endocrinology. Refer to D2107.</p>
<p>D2107</p>	<p>ENDOCRINOLOGY CFR(s): 493.843(f)</p> <p>(f) Failure to achieve satisfactory performance for the same analyte or test in 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 proficiency testing desk review of CASPER 0155 report and AAB-Medical Laboratory Evaluation 2025 and 2026 proficiency testing records, the laboratory failed to achieve satisfactory performance (80% or greater) for the same analyte in two of three consecutive testing events in the subspecialty of Endocrinology for the analyte thyroxine (TY). Findings include: 1. Review of the CASPER 0155 report revealed the following results: 2025 AAB-MLE Event 2 - TY result 60% 2026 AAB-MLE Event 1 - TY result 0% 2. A review of the AAB-Medical Laboratory Evaluation 2025 and 2026 proficiency testing records confirmed the laboratory received the above results.</p>
<p>D6076</p>	<p>LABORATORY DIRECTOR 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: Based on a proficiency testing desk review of CASPER 0155 report and AAB-Medical Laboratory Evaluation records, the laboratory director (LD) failed to provide overall management and direction of the laboratory services. The LD failed to ensure overall quality of the laboratory services provided. Refer to D6089.</p>
<p>D6089</p>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(i)</p> <p>(e)(4)(i) The proficiency testing samples are tested as required under subpart H of this part;</p> <p>This STANDARD is not met as evidenced by: Based on a proficiency testing desk review of CASPER 0155 report and AAB-Medical Laboratory Evaluation 2025 and 2026 records, the laboratory director (LD) failed to ensure the overall quality of the laboratory services provided. The LD failed to ensure successful participation in an HHS approved proficiency testing program. Refer to D2107.</p>