

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D0671650	(X3) Date Survey Completed 12/01/2025
Name of Provider or Supplier Good Shepherd Health Care System	Street Address, City, State 610 Nw 11th St, Hermiston, 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 2023 through 2025, the laboratory failed to meet the following conditions, resulting in noninitial unsuccessful PT participation: D2016 - 42 CFR 493.803 Condition: Successful participation (proficiency testing) D6076 - 42 CFR 493.1441 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 a desk review of proficiency testing (PT) records from the Certification and Survey Provider Enhanced Reporting (CASPER) 0155 report and College of Americal Pathologists(CAP) proficiency testing records, the laboratory failed to successfully</p>

	<p>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 Routine Chemistry for the analytes Cholesterol and Troponin. Refer to 2096.</p>
<p>D2096</p>	<p>ROUTINE CHEMISTRY CFR(s): 493.841(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 Proficiency Testing (PT) desk review of the College of American Pathologist (CAP) Evaluation results, review of the Casper report 0155D, and phone interview with the technical supervisor (TS), the laboratory had unsuccessful performance in two (2) consecutive testing events for the following analytes in routine chemistry in 2025. Findings include: 1. CAP 2nd and 3rd event 2025 a) Cholesterol = 2nd event 20%, 3rd event 0% b) Troponin = 2nd event 0%, 3rd event 0% 2. Casper Report 1055D 2nd and 3rd event 2025 a) Cholesterol = 2nd event 20%, 3rd event 0% b) Troponin = 2nd event 0%, 3rd event 0% 3. Phone interview with the TS on 12/01 /2025 at 1:30 PM confirmed these findings.</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 College of American Pathologist (CAP) 2025 records, the laboratory director failed to provide overall management and direction of the laboratory services. The laboratory director failed to ensure the overall quality of the laboratory services provide. Refer to 6089.</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 College of American Pathologist (CAP) 2025 records, the laboratory director failed to ensure the overall quality of the laboratory services provided. The laboratory director failed to ensure successful participation in an HHS approved proficiency testing program. Refer to D2096.</p>