

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  52D0676856	<b>(X3) Date Survey Completed</b>  04/17/2025
<b>Name of Provider or Supplier</b>  Aspirus Wausau Hospital	<b>Street Address, City, State</b>  215 N 28th Ave, Wausau, WI	
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>D6019</b>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iv)</p> <p>(e)(4)(iv) An approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory;</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of proficiency testing (PT) records and interview with the Laboratory Director, the Laboratory Director did not develop a corrective action plan for two of four analytes with unacceptable or unsatisfactory results in the first chemistry PT event in 2025. Findings include: 1. Review of PT records showed the laboratory received unacceptable results on samples tested for Alanine Transaminase (ALT), Aspartate Aminotransferase (AST), Lactate Dehydrogenase (LDH), and Creatinine. Test / Sample / Reported result / expected range ALT / CH-05 / 60 / 61-84 AST / CH-05 / 73 / 76-103 Creatinine / CH-03 / 5.23 / 4.17-5.10 Creatinine / CH-04 / 5.50 / 4.48-5.49 LDH / CH-04 / 137 / 160-217 LDH / CH-05 / 229 / 272-369 Further review showed no evidence the laboratory developed a corrective action plan for the review of the ALT and AST unacceptable results. 2. Interview with the Laboratory Director on April 17, 2025, at 10:15 AM confirmed the laboratory did not develop a corrective action plan for the unacceptable reported results for ALT and AST on sample CH-05 in the first chemistry event in 2025.</p>
<b>D6054</b>	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>(b)(9) Thereafter, evaluations must be performed at least annually</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of competence evaluation records and interview with the</p>

Technical Consultant, one of two testing personnel did not have complete annual competence evaluation records in one of the last two years. Findings include: 1. Review of online competence evaluation records for Staff A in MediaLab showed the technical consultant, who is also the Laboratory Director, had not completed ten of ten sections of the competence evaluation record for Staff A in 2024. Further review showed the Technical Consultant had completed the records for staff A in 2023. 2. Interview with the Technical Consultant on April 17, 2025, at 9:00 AM confirmed they had not completed the annual competence evaluation records for Staff A in 2024.