

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 53D0056408	(X3) Date Survey Completed 12/16/2022
Name of Provider or Supplier South Lincoln Hospital District	Street Address, City, State 711 Onyx Street, Kemmerer, WY	
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
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 the Centers for Medicare and Medicaid Casper 155 report, review of the American Proficiency Institute (API) evaluation reports, and staff interview, the laboratory failed to successfully participate in two out of three consecutive API chemistry core proficiency testing events for partial pressure of oxygen (2022 event #1, 2022 event #3) Refer to D2096.</p>
D2096	<p>ROUTINE CHEMISTRY CFR(s): 493.841(f)</p>

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.

This STANDARD is not met as evidenced by:

Based on the review of the Centers for Medicare and Medicaid (CMS) Casper 155 report, review of the American Proficiency Institute (API) chemistry core evaluations reports, and staff interview, the laboratory failed to successfully participate in two out of three consecutive API chemistry core proficiency testing (PT) events (2022 event #1, 2022 event #3) for pO₂ (partial pressure of oxygen). The findings were: 1. Review of the CMS Casper 155 report and the API chemistry core PT evaluations showed the laboratory failed to successfully obtain a passing score for the analyte of pO₂ on the following API testing events: a. 2022 event #1 showed the laboratory scored a 0%. b. 2022 event #3 showed the laboratory scored a 60%. 2. Telephone interview on 12/16/22 at 11:22 AM with the laboratory manager revealed he was unaware the laboratory had failed to achieve a passing score on the 2022 API chemistry core event #1 and event #3.

D6076

LABORATORY DIRECTOR

CFR(s): 493.1441

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.

This CONDITION is not met as evidenced by:

Based on review of the Centers for Medicare and Medicaid Casper 155 report, review of the American Proficiency Institute (API) evaluation reports, and staff interview, the laboratory director failed to ensure an effective corrective action plan was developed to prevent reoccurrence of the failed analyte of partial pressure of oxygen for 2 out of 3 consecutive API chemistry core proficiency testing events (2022 event #1, 2022 event #3). 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 review of the Centers for Medicare and Medicaid Casper 155 report, review of the American Proficiency Institute (API) evaluation reports, and staff interview, the laboratory director failed to ensure an effective corrective action plan was developed to prevent reoccurrence of the failed analyte of pO₂ (partial pressure of oxygen) for 2 out of 3 consecutive API chemistry core proficiency testing events (2022 event #1, 2022 event #3) Refer to D2096.