Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	53D0519922	04/03/2026
Name of Provider or Supplier	**Street Address, City, State**	
Lander Medical Clinic	745 Buena Vista Dr, Lander, 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
D0000	The following deficiencies were a result of a desk review of proficiency testing scores obtained from the national database and verified with the proficiency testing company. The facility was found to be out of compliance with the conditions of the CLIA program. The following CONDITION LEVEL DEFICIENCIES were found to be out of compliance: D2016 - 42 C.F.R. 493.803 Condition: Successful participation [proficiency testing]
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (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. This CONDITION is not met as evidenced by: Based on review of the Centers for Medicare and Medicaid Services Casper Report 155, review of the American Proficiency Institute evaluation reports, and staff

	interview, the laboratory failed to achieve a successful participation score in the subspecialty of Routine Chemistry for the analyte of direct LDL cholesterol on two consecutive testing events (2025 event #3, 2026 event #1). Refer to D2096.
D2096	ROUTINE CHEMISTRY CFR(s): 493.841(f) (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. This STANDARD is not met as evidenced by: Based on review of the Centers for Medicare and Medicaid Services (CMS) Casper Report 155, review of the API (American Proficiency Institute) evaluation reports, and staff interview, the laboratory failed to achieve a successful participation score in the subspecialty of Routine Chemistry for the of analyte direct LDL cholesterol on two consecutive testing events (2025 event #3, 2026 event #1). The findings were: 1. Review of the CMS 155 report showed the laboratory failed to successfully obtain a passing score for the analyte of direct LDL cholesterol on the following API proficiency testing events: a. 2025 event #3 showed the laboratory scored a 40%. b. 2026 event #1 showed the laboratory scored a 40%. 2. Review of the API proficiency testing evaluations confirmed the proficiency testing scores from the Casper 155 report were accurate. 3. Telephone interview with the interim laboratory manager on 4 /3/26 at 8:52 AM confirmed the laboratory had failed the proficiency testing events for direct LDL cholesterol.