Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 53D0519936	(X3) Date Survey Completed 04/29/2024
Name of Provider or Supplier Community Health Center Of Central Wyoming	**Street Address, City, State** 5000 Blackmore Road, Casper, 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	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 Association of Bioanalysts-Medical Laboratory Evaluation reports, and staff interview, the laboratory failed to successfully participate in two consecutive testing events for the blood cell identification challenge and leukocyte count (2023 event #3, 2024 event #1). Refer to D2121.
D2121	HEMATOLOGY CFR(s): 493.851(a)

	Failure to attain a score of at least 80 percent of acceptable responses for each analyte in each testing event is unsatisfactory analyte performance for the testing event. This STANDARD is not met as evidenced by: Based on review of the Centers for Medicare and Medicaid Services (CMS) Casper 155 report, review of the AAB-MLE (American Association of Bioanalysts-Medical Laboratory Evaluation) reports, and staff interview, the laboratory failed to successfully participate in two consecutive testing events for the blood cell identification challenge and leukocyte count (2023 event #3, 2024 event #1). The findings were: 1. Review of the CMS Casper 155 report showed the laboratory failed to successfully obtain a passing score for the blood cell identification challenge and leukocyte count for the following proficiency testing events: a. The 2023 AAB-MLE event #3 showed the laboratory scored a 0%. b. The 2024 AAB-MLE event #1 showed the laboratory scored a 60%. 2. Interview on 4/29/24 at 1:21 PM with the technical supervisor confirmed the laboratory scored a 0% on the 2023 event #3 due to failing to submit the results prior to the deadline. The failure of the 2024 event #1 blood identification challenge required testing personnel education and the failure of the leukocyte count had not been determined.