

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 53D0662176	(X3) Date Survey Completed 01/28/2021
Name of Provider or Supplier Memorial Hospital Of Carbon County	Street Address, City, State 2221 W Elm St, Rawlins, 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
D5014	<p>GENERAL IMMUNOLOGY CFR(s): 493.1208</p> <p>If the laboratory provides services in the subspecialty of General immunology, the laboratory must meet the requirements specified in 493.1230 through 493.1256, and 493.1281 through 493.1299.</p> <p>This CONDITION is not met as evidenced by: . Based on qualify control records reviewed as documentation of corrective actions and interview with staff during an on-site revisit, the laboratory failed to ensure Anti-HBSAg testing included 2 levels of quality control that could be accurately measured by the Roche immunoassay instrument. See D5447. .</p>