

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 53D0662176	(X3) Date Survey Completed 08/20/2026
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
D5211	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a) The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part. This STANDARD is not met as evidenced by: Based on review of API (American Proficiency Institute) proficiency testing records, lack of documentation, and staff interview, the laboratory failed to conduct a thorough investigation to determine the root-cause of the failed bacteriological culture scores obtained on 3 out of 6 Microbiology proficiency testing events reviewed between July 2024 and July of 2026 (2024 #3, 2025 #2, 2025 #3). The findings were: 1. Review of the API 2024 Microbiology Event #3 proficiency testing event showed the laboratory scored 0% on the Neisseria gonorrhoeae culture (GCB) and 50% on the wound culture challenges. The following concerns were identified: a. Review of the corrective action documentation showed the laboratory had reported the GCB culture to be negative for Neisseria gonorrhoeae. The expected result was positive for Neisseria gonorrhoeae. A troubleshooting sample was requested from API and the culture was repeated with acceptable results; however, there was no evidence an investigation was completed to determine what the root-cause of the initial failure was. Further review of the corrective action form showed the technical supervisor had answered "no" to the question "Could patient results have been affected?" A remark from the laboratory director, dated 1/31/25, showed he disagreed and the failure would "definitely impact pt [patient] care and look back should be performed to determine if any pts were affected." There was no evidence the patient review had been completed. b. Review of the corrective action documentation showed the laboratory had scored 50% on the wound culture challenge; scoring 0% on the aerobic culture and 100% on the anaerobic culture. The laboratory reported a result of Enterococcus faecalis (a gram-positive organism) and Streptococcus, Group C. The expected result was Pseudomonas aeruginosa (a gram-negative organism) and Streptococcus dysgalactiae.

A troubleshooting sample was requested from API and the culture was repeated with acceptable results; however there was no evidence an investigation was completed to determine what the root-cause of the initial failure was. Further review of the corrective action form showed the technical supervisor had answered "no" to the question "Could patient results have been affected?" A remark from the laboratory director, dated 1/31/25, showed he disagreed and patient results could be impacted and patient results should be reviewed. There was no evidence the patient review had been completed. 2. Review of the API 2025 Microbiology Event #2 proficiency testing event showed the laboratory scored 0% on the ear/eye culture challenge. The following concerns were identified: a. Review of the corrective action documentation showed the laboratory had reported a result of *Staphylococcus epidermidis* (a gram-positive organism). The expected result was *Haemophilus parainfluenzae* (a gram-negative organism). A troubleshooting sample was requested from API and the culture was repeated with acceptable results; however there was no evidence an investigation was completed to determine what the root-cause of the initial failure was. 3. Review of the API 2025 Microbiology Event #3 proficiency testing event showed the laboratory scored 0% on the sputum culture and 0% on the anaerobic wound culture. The following concerns were identified: a. Review of the corrective action documentation showed the laboratory had reported a result of *Haemophilus parainfluenzae* on the sputum culture. The expected result was *Serratia marcescens*. The sample was repeated with acceptable results; however, there was no evidence an investigation was completed to determine what the root-cause of the initial failure was. b. Review of the corrective action documentation showed the laboratory reported "No anaerobe present" on the anaerobic wound culture challenge. The expected result was *Fusobacterium necrophorum*. The sample was repeated with acceptable results; however, there was no evidence an investigation was completed to determine what the root-cause of the initial failure was. 4. Interview with the technical supervisor on 8/20/26 at 12:56 PM confirmed no further documentation was available. 5. During a telephone interview with the laboratory director on 8/20/26 at 1:45 PM the laboratory director acknowledged the need for a more thorough investigation into the microbiology failures.