

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  53D0666137	<b>(X3) Date Survey Completed</b>  06/18/2025
<b>Name of Provider or Supplier</b>  Star Valley Medical Center	<b>Street Address, City, State</b>  901 Adams Street, Afton, WY	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	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]
<b>D2016</b>	<p><b>SUCCESSFUL PARTICIPATION</b> 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 review of the Centers for Medicare and Medicaid Services Casper Report 155 and review of the American Proficiency Institute evaluation reports the laboratory</p>

failed to achieve a satisfactory performance score for compatibility testing on 2 out of 3 testing events (2024 event #2, 2025 event #1). Refer to D2173.

**D2173**

**COMPATIBILITY TESTING**  
CFR(s): 493.863(a)

(a) Failure to attain an overall testing event score of at least 100 percent is unsatisfactory performance.

This STANDARD is not met as evidenced by:  
Based on review of the Centers for Medicare and Medicaid Services (CMS) Casper Report 155 and review of the API (American Proficiency Institute) evaluation reports, and staff interview, the laboratory failed to achieve a satisfactory performance score for compatibility testing on 2 out of 3 testing events. The findings were: 1. Review of the CMS Casper 155 report showed the laboratory failed to successfully obtain a passing score for compatibility testing on the following API proficiency testing events: a. 2024 event #2 showed the laboratory scored an 80%. b. 2025 event #1 showed the laboratory scored an 80%. 2. Review of the API proficiency testing evaluations confirmed the laboratory had scored an 80% for compatibility testing on the 2024 event #2 and the 2025 event #1 testing events. 3. Telephone interview with the laboratory manager on 6/18/25 at 2:37 PM confirmed the laboratory had failed 2 out of 3 compatibility proficiency testing events.