

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  53D0678296	<b>(X3) Date Survey Completed</b>  06/10/2025
<b>Name of Provider or Supplier</b>  Wyoming Medical Center, Inc	<b>Street Address, City, State</b>  1233 E 2nd St, Casper, 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>	A validation survey was conducted on 6/10/25 by the Wyoming CLIA state agency at Wyoming Medical Center, Inc located at 1233 East 2nd Street in Casper, WY.
<b>D2009</b>	<p><b>TESTING OF PROFICIENCY TESTING SAMPLES</b> CFR(s): 493.801(b)(1)</p> <p>(b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on review of proficiency testing records and staff interview, the laboratory director and/or the laboratory director's designee failed to attest to the routine integration of the College of American Pathologists (CAP) proficiency tests into the patient workload for 3 of 14 proficiency testing events reviewed from January 2023 through May 2025. The findings were: 1. Review of the CAP AQ-B 2023, SO-B 2023, and SO-C 2023 proficiency testing records failed to include the attestation statements signed by the laboratory director or the laboratory director's designee. 2. Interview with the technical consultant on 6/10/25 at 2:38 PM confirmed the attestation statements were incomplete.</p>