Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 53D2276004	(X3) Date Survey Completed 06/17/2024
Name of Provider or Supplier South Lincoln Medical Center	**Street Address, City, State** 711 Onyx St, Kemmerer, 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
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality. This STANDARD is not met as evidenced by: Based on observation and staff interview, the laboratory failed to ensure staining reagents were not used beyond their expiration date for 1 of 1 procedure (Mohs surgery histopathology). The laboratory performed approximately 1000 Mohs procedures annually. The findings were: 1. Observation on 6/13/24 at 3:34 PM showed one container of acetone, lot # AC007 with an expiration date of May 2023, was stored in the fire-resistant cabinet in the laboratory. 2. Interview with the director of quality and compliance and the clinic practice administrator on 6/13/24 at 3:41 PM confirmed the acetone had expired.
D5805	TEST REPORT CFR(s): 493.1291(c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.

	This STANDARD is not met as evidenced by: Based on review of patient test reports and staff interview, the laboratory failed to ensure the patient test report included the name and address of the laboratory location where the test was performed. The laboratory performed approximately 1000 Mohs procedures annually. The findings were: 1. Review of the Mohs mapping patient test reports showed the name and address of a laboratory located in Utah. 2. Interview on 6 /13/24 at 3:58 PM with the director of quality and compliance and the clinic practice administrator confirmed the test reports failed to include the correct name and address of the location the test was performed.