

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 53D2276004	(X3) Date Survey Completed 08/24/2026
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
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part. This STANDARD is not met as evidenced by: Based on lack of documentation, staff interview, and review of policy and procedure, the laboratory failed to ensure the microscopic evaluation of dermatological histopathology slides was performed twice annually for 2 of 2 years reviewed (2024, 2025). The findings were: 1. Review of the facility's documentation showed a peer review of 3 patients' slides was performed on 4/11/24. There was no evidence a second review had been completed in 2024 or accuracy of the internally processed specimens had been verified for accuracy in 2025. 2. Review of the Quality Control policy showed "...6. Quality Control...6.1.3. The laboratory participates in the reciprocal reading of slides between." No further instructions were provided beyond that statement. Review of a "Quality Control Dermatopathology" worksheet which documented the verification of accuracy showed "Objective: to ensure accuracy of readings by [laboratory director's name], a second Dermatopathologist [name], will review three to five patient slides on a semi-annual basis and confirm the findings." 3. Interview with the clinic manager on 8/24/26 at 3:15 PM confirmed no further documentation was available. In addition, the clinic manager revealed the deficiency had been identified and corrective action had been instigated which included a revision to the policy.