Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D0382831	(X3) Date Survey Completed 09/13/2022
Name of Provider or Supplier Greene County Medical Center	**Street Address, City, State** 1000 W Lincoln Way, Jefferson, IA	
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
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(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. This STANDARD is not met as evidenced by: Based on review of proficiency testing (PT) records and confirmed by laboratory personnel identifier #1 (refer to the Laboratory Personnel Report), at approximately 10:30 am on 9/13/2022; the laboratory director and/or testing personnel failed to attest to the routine integration of PT samples into the patient workload for three out of five PT events from 1/1/2021 - 9/13/2022. The findings include: 1. For 2021 PT event 3, the laboratory director did not sign the PT attestation statement for hematology and coagulation. 2. For 2022 PT event 1, the laboratory director did not sign the PT attestation statement for core chemistry, hematology and coagulation, immunology and immunohematology, and chemistry - miscellaneous. Additionally, the test personnel did not sign the PT attestation statement for core chemistry. 3. For 2022 PT event 2, the laboratory director did not sign the PT attestation statement for core chemistry, hematology and coagulation, and immunology and immunohematology. 4. At the time of the survey, the laboratory director and/or testing personnel did not sign the PT attestation statements for the above PT events.