

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D0385083	(X3) Date Survey Completed 01/27/2021
Name of Provider or Supplier Floyd Valley Healthcare	Street Address, City, State 714 Lincoln Street Ne, Le Mars, 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
D2000	<p>ENROLLMENT AND TESTING OF SAMPLES CFR(s): 493.801</p> <p>Each laboratory must enroll in a proficiency testing (PT) program that meets the criteria in subpart I of this part and is approved by HHS. The laboratory must enroll in an approved program or programs for each of the specialties and subspecialties for which it seeks certification. The laboratory must test the samples in the same manner as patients' specimens. For laboratories subject to 42 CFR part 493 published on March 14, 1990 (55 FR 9538) prior to September 1, 1992, the rules of this subpart are effective on September 1, 1992. For all other laboratories, the rules of this subpart are effective January 1, 1994.</p> <p>This CONDITION is not met as evidenced by: Based on review of proficiency testing records, the Microbiology Procedure Manual and confirmed by laboratory personnel identifier #1 (refer to Laboratory Personnel Report) at approximately 9:15 am on 1/27/2021, the laboratory failed to enroll in an approved proficiency testing program for the subspecialty, mycology (Candida albicans). The findings include: 1. The Microbiology Procedure manual included a policy for performing germ tube testing to identify Candida albicans. 2. Laboratory personnel identifier #1 confirmed the laboratory performed germ tube testing to identify Candida albicans. 3. At the time of the survey, the laboratory did not enroll in PT testing for the subspecialty, mycology (Candida albicans).</p>