

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  16D0386219	<b>(X3) Date Survey Completed</b>  01/07/2021
<b>Name of Provider or Supplier</b>  Guttenberg Municipal Hospital	<b>Street Address, City, State</b>  200 Main Street, Guttenberg, IA	
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>D5217</b>	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on review of the Laboratory Test List &amp; Annual Volume form, proficiency testing (PT) records and confirmed by laboratory personnel identifier #2 (refer to the Laboratory Personnel Report) at approximately 10:45 am on 01/07/2021, the laboratory failed to verify the accuracy of serum human chorionic gonadotropin (HCG) qualitative testing at least twice annually for four out of four time periods from January 2019- December 2020. The findings include: 1. The Laboratory Test List &amp; Annual Volume form listed Cardinal Health qualitative HCG Combo testing. 2. Personnel identifier #2 confirmed that the laboratory did not enroll in PT for serum HCG qualitative testing. 3. At the time of the survey, personnel identifier #2 confirmed that the laboratory did not have additional records indicating the verification of accuracy of serum HCG qualitative testing from January 2019- December 2020.</p>