Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	16D0386618	07/20/2026
Name of Provider or Supplier	**Street Address, City, State**	
Compass Memorial Healthcare	300 West May Street, Marengo, 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
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 review of the laboratory's test list and volume report, proficiency testing records, and confirmed by interview with general supervisor #1 (GS #1) at 10:00 am on 07/20/2026, the laboratory failed to verify the accuracy of quantitative human chorionic gonadotropin (HCG) testing twice annually for three out of five time periods reviewed from 01/01/2024 - 07/20/2026. The findings include: 1. The laboratory performs quantitative HCG testing on the Siemens Dimension EXL test system. 2. The laboratory enrolled in proficiency testing for quantitative HCG testing in 2024 but not in 2025 or 2026. 3. At the time of the survey, GS #1 confirmed the laboratory failed to enroll in proficiency testing or perform twice annual accuracy testing for quantitative HCG testing by another method for three out of five time periods from 01/01/2024- 07/20/2026.
D5435	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(b)(2) (b)(2)(i) Define a function check protocol that ensures equipment, instrument, and test system performance that is necessary for accurate and reliable test results and test result reporting. (b)(2)(ii) Perform and document the function checks, including background or baseline checks, specified in paragraph (b)(2)(i) of this section. Function checks must be within the laboratory's established limits before patient testing is conducted.

	This STANDARD is not met as evidenced by: Based on review of the laboratory's policies and procedures, pipette function check records, and confirmed by interview with general supervisor #1 (GS #1) at 1:30 pm on 07/20/2026, the laboratory failed to establish a function check policy for pipettes used in the laboratory, including the frequency for performing pipette function checks. The laboratory also failed to perform and document pipette function checks for one out of one pipette used in the laboratory from 01/01/2025- 07/20/2026. The findings include: 1. The laboratory uses the following pipette to perform blood banking procedures: ID Tipmaster (12.5 uL, 25.0 uL, and 50 uL). 2. The laboratory's records showed it last performed a function check on the ID Tipmaster pipette in 2024. 3. At the time of the survey, GS #1 confirmed that the laboratory failed to have a function check policy for pipettes or documentation of function checks performed for the ID Tipmaster pipette from 01/01/2025- 07/20/2026.