

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D0648034	(X3) Date Survey Completed 08/25/2022
Name of Provider or Supplier Sioux Center Health	Street Address, City, State 1101 9th Street Se, Sioux Center, 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	<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 proficiency testing records and the Laboratory Test List & Annual Volume form and confirmed by laboratory personnel #1 (refer to the Laboratory Personnel Report) at approximately 8:50 am on 8/25/2022, the laboratory failed to verify the accuracy for testosterone and potassium hydroxide (KOH) testing twice annually for 3 out of 3 time periods from 1/1/2021 - 8/30/2022. The findings include: 1. Testing personnel #1 confirmed the laboratory performed testosterone and KOH testing. 2. At the time of the survey, the laboratory had not enrolled in proficiency testing for testosterone or KOH testing. Additionally, the laboratory had not verified the accuracy of either tests by a different method.</p>