

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D0648034	(X3) Date Survey Completed 06/26/2024
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, the Laboratory Test List & Annual Volume form, and confirmed by laboratory personnel identifier #1 (refer to the Laboratory Personnel Report) at 9:45 am on 06/26/2024, the laboratory failed to verify the accuracy twice annually for the analyte, total iron binding capacity (TIBC), for four out of four time periods from 06/01/2022 - 06/26/2024. The findings include: 1. The laboratory began performing TIBC testing in June 2022. 2. At the time of the survey, the laboratory had not verified the accuracy of the analyte from 06/01/2022 - 06/26/2024.</p>