Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	16D0648060	10/25/2022
Name of Provider or Supplier	**Street Address, City, State**	
Myrtue Medical Center Laboratory	1213 Garfield Avenue, Harlan, 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
D6091	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(iii) The laboratory director must ensure all proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action. This STANDARD is not met as evidenced by: Based on review of proficiency testing (PT) records and confirmed by laboratory personnel identifier #1 (refer to the Laboratory Personnel Report) at approximately 11: 00 am on 10/25/2022, the laboratory director failed to ensure the laboratory documented corrective action for unacceptable PT scores on four our of five PT events from 1/1/2021 - 10/25/2022. The findings include: 1. For 2021 PT event 1, the laboratory received the following unacceptable scores: 80% analyte, acetone; 80% analyte, calcium; 80% analyte, chloride; 80% analyte, sodium; zero analyte, vaginal wet preparation; and 80% analyte, gram stain. 2. For 2021 PT event 2, the laboratory received an unacceptable score of 80% for the analyte, fibrinogen. 3. For 2021 PT event 3, the laboratory received the following unacceptable scores: 80% analyte, vancomycin; and 80% analyte, fibrinogen. 4. For 2022 PT event 1, the laboratory received an unacceptable score of 80% for the analyte, qualitative human chorionic gonadotropin. 5. At the time of the survey, the laboratory did not document corrective action for the above unacceptable PT results.