

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D0686757	(X3) Date Survey Completed 11/18/2022
Name of Provider or Supplier Ringgold County Hospital	Street Address, City, State 504 N Cleveland Street, Mount Ayr, 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 and confirmed by laboratory personnel identifier #1 (refer to the Laboratory Personnel Form) at approximately 9:30 am on 11/18/2022, the laboratory failed to verify the accuracy for the analyte, tacrolimus twice annually for two out of three time periods from 1/1/2021 - 11/18/2022. The findings include: 1. The laboratory did not enroll in proficiency testing in 2021 or 2022 for the analyte, tacrolimus. 2. The laboratory performed comparison testing using patient samples from another laboratory on 6/16/2021. 3. At the time of the survey, the laboratory did not have any other records documenting the verification of accuracy for the analyte, tacrolimus.</p>