Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0449946	(X3) Date Survey Completed 01/06/2026
Name of Provider or Supplier Community Memorial Healthcare	**Street Address, City, State** 708 N 18th Street, Marysville, KS	
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
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) (b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods. This STANDARD is not met as evidenced by: Based on the lack of proficiency testing (PT) attestation forms from the provider American Proficiency Institute (API) performed from 1/1/2025 to 12/31/25 and interview with the technical consultant #5 (TC#5), the laboratory failed to Attest /Evaluate on fourevents that proficiency testing samples were handled in the same manner as patient samples and evaluate the results. Findings: 1. Request was made for the API attestation forms from 1/1/2025 to 12/31/25 for three events. No fully signed attestation documents were provided at the time of survey for the following: a. 2025 Chemistry - Misc Verification - 2nd Event b. 2025 Immunology/Immunohematology - 3rd Event c. 2025 Microbiology - 3rd Event 2. Request was made for the API Evaluation forms from 1/1/2025 to 12/31/25 for one event. No fully evaluation documents were provided at the time of survey for 2025 Immunology /Immunohematology - 3rd Event. 3. Interview with the TC#5 on 1/6/2026 at 10:00 a. m. confirmed, the laboratory failed to attest on three attestation and evaluation events that proficiency testing samples were handled in the same manner as patient samples and results were evaluated.