

|                                                                                                                            |                                                                            |                                                     |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Statement of Deficiencies</b>                                                                                           | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>17D0984309 | <b>(X3) Date Survey Completed</b><br><br>02/11/2019 |
| <b>Name of Provider or Supplier</b><br><br>Univ Of Ks Health System - Great Bend Campus, The                               | <b>Street Address, City, State</b><br><br>514 Cleveland, Great Bend, KS    |                                                     |
| For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency. |                                                                            |                                                     |

| <b>(X4) ID Prefix Tag</b> | <b>Summary Statement of Deficiencies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>D2016</b>              | <p>SUCCESSFUL PARTICIPATION<br/>CFR(s): 493.803(a)(b)(c)</p> <p>(a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history.</p> <p>This CONDITION is not met as evidenced by:<br/>A Proficiency Testing desk review on 2/11/2019 revealed the lab failed to successfully participate in proficiency testing from American Proficiency Institute (API) Fibrinogen testing. Finding is as follows: 1. Based on review of proficiency testing from API for 0825 Fibrinogen revealed the laboratory received the scores 2018 event 2 and 2018 event 3 as follows: Event 2 2018 Fibrinogen testing 40% Event 3 2018 Fibrinogen testing 40%</p> |
| <b>D2130</b>              | <b>HEMATOLOGY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

CFR(s): 493.851(f)

Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance.

This STANDARD is not met as evidenced by:

A desk review on 2/11/2019 revealed the laboratory failed 2 of three events and failed to successfully participate in proficiency testing from American Proficiency Institute (API) for the subspecialty, Hematology. Findings were as follows: 1. Based upon review of proficiency testing from API for 0825 Fibrinogen revealed the laboratory received the scores event 2 and event 3 for 2019 as follows: Event 2 2019 Fibrinogen testing 40% Event 3 2019 Fibrinogen testing 40%