Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	26D0445429	04/16/2019
Name of Provider or Supplier	**Street Address, City, State**	
Nevada Regional Medical Center	800 S Ash, Nevada, MO	

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 2017, 2018 and 2019 proficiency testing (PT) and interview with technical supervisor, the laboratory director failed to ensure all proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems the require corrective action. Findings: 1. Review of 2017 blood bank PT event C showed 80% on crossmatch serology with no documentation of review or corrective action. 2. Interview with the technical supervisor on April 16, 2019 at 12:15 PM confirmed the laboratory director failed to ensure 2017 PT event C for crossmatch serology was not reviewed and corrective action documented.