Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	28D0047585	03/04/2025
Name of Provider or Supplier	**Street Address, City, State**	
Jefferson Community Health Center Inc	2200 H Street, Fairbury, NE	

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
D5311	SPECIMEN SUBMISSION, HANDLING, AND REFERRAL CFR(s): 493.1242(a) (a) The laboratory must establish and follow written policies and procedures for each of the following, if applicable: (a)(1) Patient preparation. (a)(2) Specimen collection. (a)(3) Specimen labeling, including patient name or unique patient identifier and, when appropriate, specimen source. (a)(4) Specimen storage and preservation. (a)(5) Conditions for specimen transportation. (a)(6) Specimen processing. (a)(7) Specimen acceptability and rejection. (a)(8) Specimen referral. This STANDARD is not met as evidenced by: Based on surveyor review of the laboratory's policy, observation of laboratory's patient blood tube samples, and interview with the laboratory supervisor, the laboratory failed to properly follow their written procedure on three out of three patient blood tube samples. 1. Review of the laboratory's "Collection of Blood Specimens" policy indicates to "Label each tube with patient's name, identification number, date and time of collection and collector's initials." 2. Observation of three patient blood tube samples located in the laboratory, revealed the three patient blood tubes were labeled with two letters. 3. Interview with the laboratory supervisor on 3/4 /2025 at 12:32 PM, confirmed the laboratory did not follow its "Collection of Blood Specimens" policy.
D5429	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1) (a)(1) Maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer. This STANDARD is not met as evidenced by:

	Based on surveyor review of manufacturer's instructions, blood bank preventative maintenance logs, and an interview with the laboratory supervisor, the laboratory failed to perform periodic dispenser volume verification checks from 1/1/2024 - 3/4/2025. Findings are: 1. Manufacturer's instructions indicate to perform periodic dispenser volume verification checks. 2. Review of 2024 and 2025 blood bank preventative maintenance logs showed the laboratory did not perform periodic dispenser volume verification checks. 3. Interview with the laboratory supervisor on 3/4/2025 at 12:21 PM, confirmed the laboratory did not perform periodic dispenser volume verification checks for blood bank from 1/1/2024 - 3/4/2025.