

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 28D0047706	(X3) Date Survey Completed 06/11/2024
Name of Provider or Supplier Boone County Health Center	Street Address, City, State 723 West Fairview Street, Albion, 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
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 surveyor review of proficiency testing (PT) records, lack of any verification records, and an interview with the laboratory supervisor, the laboratory failed to have a system for verifying the accuracy of the testing for cerebrospinal fluid (CSF), glucose and CSF, protein at least twice yearly for the last two years. Findings are: 1. The laboratory's proficiency test results from 2022 and 2023 did not include testing for CSF, glucose and CSF, protein. 2. Interview on 6/11/2024 at 4:02 PM, the laboratory supervisor confirmed the laboratory had not enrolled in PT for CSF, glucose and CSF, protein nor had the laboratory performed accuracy verification for these analytes.</p>