

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 28D0047880	(X3) Date Survey Completed 04/19/2018
Name of Provider or Supplier Kearney County Health Services	Street Address, City, State 727 East 1st Street, Minden, 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 the list of tests performed, review of proficiency testing and interview with the general supervisor at 10:20 AM on 4/19/2018, the laboratory failed to verify the accuracy of wet preps for 2016 and 2017. Findings are: 1. Review of the list of tests performed provided by the laboratory revealed wet preps performed at this laboratory with an annual volume of 12 tests. 2. Review of proficiency testing for all 3 events of 2016 and all 3 events of 2017 revealed a lack of participation for wet preps. 3. The general supervisor confirmed no comparison with another laboratory or participation in proficiency testing was done for 2016 and 2017 for wet preps.</p>