

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 28D0454750	(X3) Date Survey Completed 05/07/2019
Name of Provider or Supplier Community Medical Center	Street Address, City, State 3307 Bill Schock Boulevard, Falls City, 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 review of the laboratory's list of tests performed, lack of documentation, and staff interview at 12:35 PM on 5/7/2019, the laboratory failed to verify the accuracy for histopathology. Findings are: 1. Review of the list of tests performed provided by the laboratory revealed histopathology performed at this laboratory with a volume of 2 tests for 2017. 2. No documentation could be presented through proficiency testing or laboratory comparison to verify the accuracy of histopathology testing for 2017. 3. Staff interview revealed the laboratory had not enrolled in proficiency testing or laboratory comparisons for 2017 for histopathology testing.</p>