

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  28D0455591	<b>(X3) Date Survey Completed</b>  03/21/2025
<b>Name of Provider or Supplier</b>  Avera Creighton Hospital	<b>Street Address, City, State</b>  1503 Main Street, Creighton, NE	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D6128</b>	<p><b>TECHNICAL SUPERVISOR RESPONSIBILITIES</b> CFR(s): 493.1451(b)(9)</p> <p>(b)(9) Thereafter, evaluations must be performed at least annually unless test methodology or instrumentation changes, in which case, prior to reporting patient test results, the individuals performance must be reevaluated to include the use of the new test methodology or instrumentation.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of competency assessments, lack of documentation, and interview with the technical supervisor, labeled as TS #1 on the CMS 209 form, the laboratory failed to perform competency assessment in 2023 for one out of four testing personnel. 1. Review of the laboratory's competency assessment revealed no competency assessment performed in 2023 for testing personnel #4, labeled as TP #4 on the CMS 209 form. 2. Interview with the technical supervisor, labeled as TS #1 on the CMS 209 form, on 3/21/2025 at 12:35 PM confirmed the laboratory did not perform competency assessments in 2023 for one out of four testing personnel.</p>