Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	28D0455760	08/10/2026
Name of Provider or Supplier	**Street Address, City, State**	
Grand Island Clinic Inc	2444 W Faidley Ave, Grand Island, 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
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history. This CONDITION is not met as evidenced by: Based on a desk review of proficiency testing (PT) records from the Certification and Survey Provider Enhanced Reporting (CASPER) 0155 report and College of American Pathologists (CAP) proficiency testing records, the laboratory failed to successfully participate in a proficiency testing program approved by HHS, for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. The laboratory failed to successfully participate in the specialty of Immunohematology for the analytes ABO group/Rh(D) Type and Rh(D) Type 2026 Event 1 and 2026 Event 2. Refer to D2162.

D2162	ABO GROUP AND D(RHO) TYPING CFR(s): 493.859(f) (f) Failure to achieve satisfactory performance for the same analyte in two consecutive testing events or two out of three consecutive testing events is unsuccessful performance. This STANDARD is not met as evidenced by: Based on a proficiency testing desk review of the CASPER 0155 report and CAP 2026 records (1st and 2nd events), the laboratory failed to achieve an overall satisfactory performance (100%) for the same analyte for two consecutive testing events in the specialty of Immunohematology for the analytes ABO group/Rh(D) Type and Rh(D) Type for 2026 Event 1 and 2026 Event 2. Findings are: 1. Review of the CASPER 0155 report revealed the following results: ABO group/Rh(D) Type 2026 Event 1: The laboratory received an unsatisfactory score of 90%. Rh(D) Type 2026 Event 1: The laboratory received an unsatisfactory score of 80% ABO group/Rh (D) Type 2026 Event 2: The laboratory received an unsatisfactory score of 90%. Rh (D) Type 2026 Event 2: The laboratory received an unsatisfactory score of 80%. 2. A review of proficiency testing records from CAP for 2026 confirmed the above findings.
D6076	LABORATORY DIRECTOR CFR(s): 493.1441 The laboratory must have a director who meets the qualification requirements of 493. 1443 of this subpart and provides overall management and direction in accordance with 493.1445 of this subpart. This CONDITION is not met as evidenced by: Based on a proficiency testing desk review of CASPER 0155 report and College of American Pathologists 2026 records, the laboratory director failed to provide overall management and direction of the laboratory services. The laboratory director failed to ensure the overall quality of the laboratory services provided. Refer to D6089.
D6089	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(i) (e)(4)(i) The proficiency testing samples are tested as required under subpart H of this part; This STANDARD is not met as evidenced by: Based on a proficiency testing desk review of CASPER 0155 report and College of American Pathologists 2026 records, the laboratory director failed to ensure the overall quality of the laboratory services provided. The laboratory director failed to ensure successful participation in a proficiency testing program approved by HHS in the specialty of Immunohematology for the analytes ABO group/Rh(D) Type and Rh (D) Type 2026 Event 1 and 2026 Event 2 Refer to D2162.