Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 28D0455989	(X3) Date Survey Completed 04/17/2025
Name of Provider or Supplier Lexington Regional Health Center	**Street Address, City, State** 1201 N Erie Street, Lexington, 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
D5449	CONTROL PROCEDURES CFR(s): 493.1256(d)(3)(ii)(g) (d)(3)(ii) Each qualitative procedure, include a negative and positive control material; This STANDARD is not met as evidenced by: Based on surveyor review of quality control records and interview with the laboratory manager the laboratory failed to perform quality control (QC) each day of patient testing on the following tests: I. chlamydia/gonorrhea testing from 10/18/2023 - 4/17/2025 II. group B strep testing from 5/24/2021 - 4/17/2025 III. clostridium difficile testing from 11/6/2024 - 4/17/2025 IV. clostridium difficile toxin testing from 11/6/2024 - 4/17/2025 1. Review of quality control records for chlamydia/gonorrhea testing, group B strep testing, clostridium difficile testing, and clostridium difficile toxin testing revealed QC was performed monthly. 2. Interview with the laboratory manager on 4/17/2025 at 11:15 AM, confirmed the laboratory did not perform QC each day of patient testing for chlamydia/gonorrhea testing, group B strep testing, clostridium difficile testing, and clostridium difficile toxin testing. 3. Interview with the laboratory director on 4/17/2025 at 11:15 AM, confirmed the laboratory did not have an Individualized Quality Control Plan (IQCP) in place for chlamydia/gonorrhea testing, group B strep testing, clostridium difficile testing, and clostridium difficile toxin testing.