

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 28D0455989	(X3) Date Survey Completed 04/01/2026
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
D2016	<p>SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c)</p> <p>(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.</p> <p>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 American Proficiency Institute (API) 2025 and 2026 proficiency testing records, the laboratory did not 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 analyte of Partial Pressure of Carbon Dioxide (PCO2) Blood Gas. Refer to D2096.</p>
D2096	ROUTINE CHEMISTRY

CFR(s): 493.841(f)

(f) Failure to achieve satisfactory performance for the same analyte or test 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 CASPER 0155 report, American Proficiency Institute (API) proficiency testing 2025 event 2 and 2026 event 1 records, and an interview with the laboratory manager, the laboratory failed to achieve an overall satisfactory performance (80% or better) for the same analyte in two of three consecutive testing events in the analyte Partial Pressure of Carbon Dioxide (PCO₂) Blood Gas. Findings are: 1. Review of the CASPER 0155 report revealed the following results: PCO₂ 2025 Blood Gas Event 2: The laboratory received an unsatisfactory score of 60%. PCO₂ 2026 Blood Gas Event 1: The laboratory received an unsatisfactory score of 60%. 2. A review of the API 2025 proficiency testing records confirmed the laboratory received the above results. 3. Phone interview with the laboratory manager on 4/1/2026 at 11:42 AM confirmed the laboratory received the above results.

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 American Proficiency Institute 2025 and 2026 records, the laboratory director failed to manage successful proficiency testing participation. 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 American Proficiency Institute 2025 and 2026 records, the laboratory director failed to manage successful proficiency testing participation. Refer to D2096.