

| | | |
|--|---|---|
| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 28D0456028 | (X3) Date Survey Completed 01/20/2021 |
| Name of Provider or Supplier Howard County Medical Center | Street Address, City, State 1113 Sherman Street, Saint Paul, 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 interview with the general supervisor the laboratory failed to verify the accuracy for moderate complexity neonatal, bilirubin. Findings are: 1. Review of the laboratory's list of tests performed revealed the laboratory performed neonatal, bilirubin. Interview with the general supervisor on 1/20/2021 at 2:23 PM confirmed the laboratory performed 63 neonatal, bilirubin tests from January 1, 2018 through January 20, 2021. 2. No documentation could be presented through proficiency testing or laboratory comparison to verify the accuracy of neonatal, bilirubin. 3. Interview with the technical consultant on 1/20/2021 at 2:23 PM confirmed the laboratory had not enrolled in proficiency testing or had comparison testing performed for neonatal, bilirubin.</p> |