

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 28D0456115	(X3) Date Survey Completed 04/08/2026
Name of Provider or Supplier Harlan County Health System	Street Address, City, State 717 North Brown Street, Alma, 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
D2000	<p>ENROLLMENT AND TESTING OF SAMPLES CFR(s): 493.801</p> <p>Each laboratory must enroll in a proficiency testing (PT) program that meets the criteria in subpart I of this part and is approved by HHS. The laboratory must enroll in an approved program or programs for each of the specialties and subspecialties for which it seeks certification. The laboratory must test the samples in the same manner as patients' specimens. For laboratories subject to 42 CFR part 493 published on March 14, 1990 (55 FR 9538) prior to September 1, 1992, the rules of this subpart are effective on September 1, 1992. For all other laboratories, the rules of this subpart are effective January 1, 1994.</p> <p>This CONDITION is not met as evidenced by: Based on surveyor observation of laboratory's instrumentation, review of 2025 proficiency testing (PT) testing records, and interview with the technical consultant (TC) and laboratory manager the laboratory failed to enroll in an approved proficiency testing program for bacteriology testing of blood cultures in 2025. Findings include: 1. Surveyor observation of the laboratory's instrumentation revealed the laboratory had BD Bactec blood culture instrument. 2. Review of the laboratory's 2025 PT records revealed the laboratory failed to enroll in an approved PT program for bacteriology testing of blood cultures. 3. Interview with the TC and laboratory manager on 4/8 /2026 at 10:32 a.m. confirmed the laboratory was not enrolled in an approved PT program for bacteriology testing of blood cultures. 4. The laboratory reported 131 blood cultures in 2025.</p>