

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  28D0456160	<b>(X3) Date Survey Completed</b>  06/24/2021
<b>Name of Provider or Supplier</b>  Phelps Memorial Health Center	<b>Street Address, City, State</b>  1215 Tibbals Street, Holdrege, NE	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5217</b>	<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 surveyor review of proficiency testing (PT) records, a lack of verification records, and an interview with the general supervisor, the laboratory failed to have a system for verifying the accuracy of testing for neonatal, bilirubin. Findings are: 1. The laboratory's proficiency test results for 2020 did not include testing for neonatal, bilirubin. 2. Interview with the general supervisor on 6/24/2021 at 1:36 PM confirmed the laboratory had not enrolled in PT for neonatal, bilirubin, nor had the laboratory performed accuracy verification on these analytes. 3. Interview with the general supervisor on 6/24/2021 at 1:36 PM revealed the laboratory had performed eight neonatal, bilirubin tests in 2020.</p>