

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  28D0456222	<b>(X3) Date Survey Completed</b>  06/23/2021
<b>Name of Provider or Supplier</b>  Community Hospital Laboratory	<b>Street Address, City, State</b>  1301 East H St, Mc Cook, 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 list of tests performed, 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 and direct antiglobulin test (DAT). Findings are: 1. Review of the laboratory's list of tests performed revealed the laboratory had performed two hundred and forty six neonatal, biliruin tests in 2020 and one hundred and four DAT tests in 2020. 2. The laboratory's proficiency test results for 2020 did not include testing for neonatal, bilirubin and DAT. 3. Interview with the general supervisor on 6 /23/2021 at 11:50 AM confirmed the laboratory had not enrolled in PT for neonatal, biliruin or DAT, nor had the laboratory performed accuracy verification on these analytes.</p>