Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 28D0456369	(X3) Date Survey Completed 05/06/2021
Name of Provider or Supplier Gothenburg Memorial Hospital	**Street Address, City, State** 910 20th Street, Gothenburg, 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	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. 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 any verification records, an interview with the laboratory supervisor, the laboratory failed to have a system for verifying the accuracy of the testing for vaginal wet preparations, potassium hydroxide (KOH) preparations, and direct antiglobulin test (DAT). The findings include: 1. Review of the laboratory's list of tests performed revealed the laboratory had performed testing for vaginal wet preparations, KOH preparations, and DAT in 2019 and 2020. 2. The laboratory's proficiency test results for 2019 and 2020 did not include testing for vaginal wet preparations, KOH preparations, and DAT. 3. Interview with the general supervisor on 5/6/2021 at 10:29 AM confirmed the laboratory had not enrolled in PT for vaginal wet preparations, KOH preparations, and DAT, nor had the laboratory performed accuracy verification for these analytes.