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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 28D0456369 | (X3) Date Survey Completed 09/05/2024 |
| 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 |
|---------------------------|---|
| D5407 | <p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the laboratory's procedures, review of the laboratory's new analyzer, and interview with the laboratory manager on 9/5/2024 at 12:43 PM, the laboratory failed to have a procedure signed by the laboratory director for the laboratory's new chemistry analyzer. 1. Surveyor review of the laboratory's procedures revealed a procedure for the laboratory's previous chemistry analyzer. 2. Review of the laboratory's new analyzer revealed the laboratory began using the new chemistry analyzer on 4/1/2024. 3. Interview with the laboratory manager, confirmed the laboratory did not have a procedure signed by the laboratory director for the new chemistry analyzer.</p> |