

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  28D0652690	<b>(X3) Date Survey Completed</b>  09/09/2025
<b>Name of Provider or Supplier</b>  Garden County Health Services	<b>Street Address, City, State</b>  1100 West 2nd Street, Oshkosh, 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>D5449</b>	<p>CONTROL PROCEDURES CFR(s): 493.1256(d)(3)(ii)(g)</p> <p>(d)(3)(ii) Each qualitative procedure, include a negative and positive control material;</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of quality control records, patient testing records, and interview with the technical consultant the laboratory failed to perform quality control (QC) on the MedTox system detection of drugs of abuse each day of patient testing from 11/1/2023 - 9/9/2025. Findings are: 1. Review of MedTox QC records from 11/1/2023 - 9/9/2025 revealed QC was performed monthly on the MedTox system detection of drugs of abuse. 2. Review of MedTox patient testing records revealed one hundred and twenty four patients were tested from 11/1/2023 - 9/9/2025. 3. Interview with the technical consultant confirmed the laboratory did not perform QC each day of patient testing from 11/1/2023 - 9/9/2025 on the MedTox system detection of drugs of abuse.</p>