Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 28D0679423	(X3) Date Survey Completed 09/26/2019
Name of Provider or Supplier Crete Area Medical Center	**Street Address, City, State** 2910 Betten Drive, Crete, 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
D6106	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(14) The laboratory director must ensure that an approved procedure manual is available to all personnel responsible for any aspect of the testing process. This STANDARD is not met as evidenced by: Based on lack of blood bank laboratory procedures and interview with general supervisor, the laboratory director failed to have an approved blood bank procedure manual available to personnel. Findings are: 1. No approved blood bank procedure manual was available on day of survey. 2. Interview with general supervisor on 9/11 /2019 at 9:30 AM confirmed no approved blood bank procedure manual was available to personnel.