

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 28D0681465	(X3) Date Survey Completed 06/18/2025
Name of Provider or Supplier Kimball Health Services	Street Address, City, State 255 W 4th St, Kimball, 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	<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 review of the laboratory's list of tests performed, lack of verification records, and interview with laboratory manager the laboratory failed to have a system for verifying the accuracy of prostate specific antigen, vitamin D, and urine microalbumin testing at least twice annually for 2024. Findings are: 1. Review of the laboratory's list of tests performed revealed the laboratory performs prostate specific antigen, vitamin D, and urine microalbumin testing. 2. Interview with the laboratory manager on 6/18/2025 at 9:33 AM MTN, confirmed the laboratory did not perform twice annual accuracy verification for prostate specific antigen, vitamin D, and urine microalbumin testing.</p>