Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	28D1008576	02/04/2025
Name of Provider or Supplier	**Street Address, City, State**	
Chi Health Nebraska Heart	7500 South 91st Street, Lincoln, 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
D5609	HISTOPATHOLOGY CFR(s): 493.1273(e)(f) (e) The laboratory must use acceptable terminology of a recognized system of disease nomenclature in reporting results. (f) The laboratory must document all control procedures performed, as specified in this section. This STANDARD is not met as evidenced by: Based on lack of documentation and interview with the laboratory manager and laboratory director, the laboratory failed to document hematoxylin and eosin stain quality for the nine frozen section histopathology tests performed in 2024. Findings are: 1. No documentation was found that hematoxylin and eosin stain quality was performed in 2024. 2. The laboratory performed nine frozen section histopathology tests in 2024. 3. Interview with the laboratory manager and laboratory director on 2/4 /2025 at 2:15 PM, confirmed the laboratory did not have documentation of hematoxylin and eosin stain quality for 2024.
D5805	TEST REPORT CFR(s): 493.1291(c) (c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.

	This STANDARD is not met as evidenced by: Based on review of laboratory test reports and interview with the lab manager and laboratory director the laboratory failed to have the name and address of the laboratory location where the test was performed on two out of two histopathology frozen section laboratory reports reviewed. Findings are: 1. Review of the two histopathology frozen section laboratory reports from 7/23/2024 and 11/18/2024 did not indicate the name and address of the laboratory where the frozen section testing was performed. 2. Interview with the lab manager and laboratory director on 2/5/2025 at 2:15 PM , confirmed the laboratory test reports did not include the name and address of the laboratory where the frozen section testing was performed.