Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 28D1049317	**(X3) Date Survey Completed** 08/11/2025
Name of Provider or Supplier Great Plains Urgent Care	**Street Address, City, State** 220 West Leota Street, North Platte, 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**
D5421	ESTABLISHMENT AND VERIFICATION OF PERFORMANCE CFR(s): 493.1253(b)(1) (b) Each laboratory that introduces an unmodified, FDA-cleared or approved test system must do the following before reporting patient test results: (b)(1)(i) Demonstrate that it can obtain performance specifications comparable to those established by the manufacturer for the following performance characteristics: (b)(1)(i)(A) Accuracy. (b)(1)(i)(B) Precision. (b)(1)(i)(C) Reportable range of test results for the test system. (b)(1)(ii) Verify that the manufacturer's reference intervals (normal values) are appropriate for the laboratory's patient population. This STANDARD is not met as evidenced by: Based on surveyor review of new instrumentation list, lack of documentation, and interview with the technical consultant, the laboratory failed to perform performance specifications for troponin before patient testing started on January 2025. 1. Review of new instrumentation list revealed the laboratory started troponin patient testing on January 2025. 2. Email interview with the technical consultant on 7/28/2025 confirmed the laboratory performed thirty five troponin patient tests. 3. Email interview with the technical consultant on 7/9/2025 confirmed the laboratory did not have documentation of troponin performance specifications before patient testing started.