Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	28D2173488	06/23/2026
Name of Provider or Supplier	**Street Address, City, State**	
Midwest Anesthesia Pc	2900 Elk Lane Suite 1, Fremont, 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
D5787	TEST RECORDS CFR(s): 493.1283(a) (a) The laboratory must maintain an information or record system that includes the following: (a)(1) The positive identification of the specimen. (a)(2) The date and time of specimen receipt into the laboratory. (a)(3) The condition and disposition of specimens that do not meet the laboratory's criteria for specimen acceptability. (a)(4) The records and dates of all specimen testing, including the identity of the personnel who performed the test(s). This STANDARD is not met as evidenced by: Based on surveyor review of two patient reports and interview with the technical consultant the laboratory failed to have the correct identity of the testing personnel who performed testing on two out of two patient reports. Findings are: 1. Review of two patient reports from 5/14/2026 and 6/18/2026 identify the clinical consultant as the testing personnel. 2. Interview with the technical consultant on 6/23/2026 at 10:23 AM confirmed the clinical consultant does not perform testing and confirmed the testing personnel listed on the two patient reports as incorrect.