

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D0057856	(X3) Date Survey Completed 10/28/2025
Name of Provider or Supplier Campus Health Services	Street Address, City, State 1224 E Lowell St, Tucson, AZ	
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
D5431	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(2)</p> <p>(a)(2) Function checks as defined by the manufacturer and with at least the frequency specified by the manufacturer. Function checks must be within the manufacturers established limits before patient testing is conducted. (b) Equipment, instruments, or test systems developed in-house, commercially available and modified by the laboratory, or maintenance and function check protocols are not provided by the manufacturer. The laboratory must do the following:</p> <p>This STANDARD is not met as evidenced by: Based on review of Hematology test records and interview with the technical coordinator (TC-1), the laboratory failed to perform and document the background count on one out of three testing dates prior to patient testing on the Sysmex XN-430 analyzer. Findings include: 1. The laboratory performs Complete Blood Count (CBC) testing on the Sysmex XN-430 analyzer under the specialty of Hematology with an annual test volume of 1,591. 2. The laboratory failed to provide documentation to indicate the background count was performed prior to patient testing for one out of three testing dates reviewed during the survey (1/31/25). 3. Eight patients were tested on 1/31/25 using the Sysmex XN-430 analyzer 4. The TC-1 interviewed on 10/28/25 at 11:30 AM confirmed the laboratory failed to perform the background count on the Sysmex XN-430 analyzer prior to patient testing on 1/31/25.</p>