

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D0023027	<b>(X3) Date Survey Completed</b>  08/01/2018
<b>Name of Provider or Supplier</b>  Madison Co Memorial Hospital Clinical Laboratory	<b>Street Address, City, State</b>  224 Nw Crance Ave, Madison, FL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	A recertification survey was conducted on August 1, 2018. Madison County Memorial Hospital Laboratory had one deficiency found at the time of the visit.
<b>D5433</b>	<p><b>MAINTENANCE AND FUNCTION CHECKS</b> CFR(s): 493.1254(b)(1)</p> <p>For 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 establish a maintenance protocol that ensures equipment, instrument, and test system performance that is necessary for accurate and reliable test results and test result reporting. The laboratory must perform and document the maintenance activities specified in paragraph (b)(1)(i) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to perform yearly preventive maintenance on Nikon microscope being used for manual cell identification in hematology and the general lab for 2 years ( 2016-2018). Findings included: Review of the equipment maintenance records for August 2016 to 2018 showed that no documentation for annual preventive maintenance was done on the microscope. Interview on 8/1/18 at 11:00 AM , personnel # 1 confirmed that the regular cleaning of the microscope was done but the annual peventive maintenance which calibrates the quality of the lenses was not performed and not included in the equipment maintenance routine for the lab.</p>