

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D0271526	<b>(X3) Date Survey Completed</b>  03/14/2018
<b>Name of Provider or Supplier</b>  Emerald Coast Oncology And Hematology	<b>Street Address, City, State</b>  1024 Mar Walt Dr, Fort Walton Beach, 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>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 LW Scientific ( M Series Labscope) microscope being used for manual cell identification in hematology for 2 years ( 2016-2018). Findings included: Review of the equipment maintenance records for March 2016 - March 2018 showed that no documentation for annual preventive maintenance done on the microscope. Interview on 3/14/18 at 11:00 AM , personnel # E confirmed that the lab did not have records to show annual preventive maintenance performed on the microscope.</p>