Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	13D0926381	09/10/2019
Name of Provider or Supplier	**Street Address, City, State**	
Community Care Of Channing Way	2725 Channing Way, Idaho Falls, ID	

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
D5433	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(b)(1) 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. This STANDARD is not met as evidenced by: Based on a record review and an interview with the technical consultant, the laboratory failed to document daily, weekly and monthly maintenance activities for the Sysmex XP-300 hematology analyzer as required by the manufacturer. Findings: 1. A record review of the maintenance logs from January 2019 through August 2019 revealed that the laboratory failed to document weekly and monthly maintenance activities for the Sysmex XP-300. There was no documentation of weekly maintenance for 16 of 32 weeks reviewed and no documentation of monthly maintenance for 7 of the 8 months reviewed. 2. An interview on September 10, 2019 at approximately 2:50 PM with the technical consultant confirmed the laboratory failed to document maintenance activities for the Sysmex XP-300 analyzer.
D5891	POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems specified in 493.1291.

	This STANDARD is not met as evidenced by: Based on a record review of final patient reports for complete blood counts (CBC) and an interview with the technical consultant, the laboratory failed to establish and follow a written procedure to monitor and assess the accuracy of reference ranges on the final reports generated through the laboratory's computer interface. Findings: 1. A review of three (3) final patient test reports revealed that the laboratory was using different reference ranges on their final reports than what the laboratory had established for male, female and pediatric patients. 2. An interview on September 10, 2019 at 1:10 PM with the technical consultant, confirmed the laboratory did not have a mechanism in place to verify the accuracy of results generated through the laboratory's computer interface.