Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 15D2119413	(X3) Date Survey Completed 11/02/2020
Name of Provider or Supplier Community Healthcare Consultants Llc Dba Community	**Street Address, City, State** 2916 Peach Blossom Dr, Ste 101, Jeffersonville, IN	
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
D5435	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(b)(2) 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: (i) Define a function check protocol that ensures equipment, instrument, and test system performance that is necessary for accurate and reliable test results and test result reporting. (ii) Perform and document the function checks, including background or baseline checks, specified in paragraph (b)(2)(i) of this section. Function checks must be within the laboratory's established limits before patient testing is conducted. This STANDARD is not met as evidenced by: Based on document review and interview, the laboratory failed to follow their policy to document weekly spore checks for its autoclave. Finding(s) include: 1. The policy, "Community Medical Center, Autoclave", no date or number listed, read: "Weekly spore testing will be performed and results documented on the weekly log". 2. In interview on 11/02/20 at 10:45 a.m., E#1 (Medical Assistant) acknowledged that there was no documentation the facility's autoclave had been tested for weekly spore testing and results entered into the weekly log.