

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0046794	(X3) Date Survey Completed 01/20/2021
Name of Provider or Supplier Lafene Health Center	Street Address, City, State 1105 Sunset Ave, Manhattan, KS	
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>For unmodified manufacturer's equipment, instruments, or test systems, the laboratory must perform and document function checks as defined by the manufacturer and with at least the frequency specified by the manufacturer. Function checks must be within the manufacturer's established limits before patient testing is conducted.</p> <p>This STANDARD is not met as evidenced by: Based on an absence of microscope maintenance records and interview with Technical Supervisor (TS) #1, the laboratory failed to define a function check protocol for the 2 of 2 microscopes for a 24 month period Findings were: 1. No documentation was available for the maintenance of the 2 microscopes for a 24 month period. 2. Interview with TS#1 on 01/20/2021 @1240 P.M. confirmed the laboratory had no records of microscope maintenance for the two microscopes during the period of 2019 and 2020.</p>