

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  17D0047295	<b>(X3) Date Survey Completed</b>  11/18/2020
<b>Name of Provider or Supplier</b>  Rawlins County Health Center	<b>Street Address, City, State</b>  707 Grant Street, Atwood, KS	
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>D5431</b>	<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 thermometer records, timer maintenance records and interview with General Supervisor (GS) #1, the laboratory failed to define a function check protocol for the thermometers and timers. Findings were: 1. No documentation was available for function checks of thermometers for a 24 month period. No documentation was available for the certification of accuracy (NIST traceable) for thermometers, including blood bank storage thermometers for a 24 month period. 2. No documentation was available for the maintenance of microscopes for a 24 month period. 3. Interview with GS #1 at 1030 AM on 11/18/2020 confirmed the laboratory had no records of function checks for the thermometers used in the laboratory for the past two years. 4. Interview with GS #1 at 1030 AM on 11/18/2020 confirmed the laboratory had no records of time maintenance for the past two years.</p>