

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  17D0448255	<b>(X3) Date Survey Completed</b>  09/28/2018
<b>Name of Provider or Supplier</b>  Watkins Health Services	<b>Street Address, City, State</b>  1200 Schwegler Drive, Room 1710, Lawrence, 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>D5401</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(a)</p> <p>A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens.</p> <p>This STANDARD is not met as evidenced by: Based on review of procedures, Cepheid quality control (QC) and interview with the technical supervisor the laboratory failed to follow procedure and perform QC monthly. 1. Procedure states run QC "every 30 days". 2. No QC was performed for the month of July 2018 for Neisseria Gonorrhoeae (GC) and Chlamydia. 3. Interview with the technical supervisor on September 28, 2018 at 12:30PM confirmed the laboratory failed to follow procedure and QC GC and Chlamydia every 30 days.</p>