

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0449682	(X3) Date Survey Completed 10/26/2018
Name of Provider or Supplier Reproductive Resource Center Laboratory	Street Address, City, State 6650 W 110th St, Suite 320, Overland Park, 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
D5543	<p>HEMATOLOGY CFR(s): 493.1269(a)(d)</p> <p>(a) For manual cell counts performed using a hemocytometer-- (a)(1) One control material must be tested each 8 hours of operation; and (a)(2) Patient specimens and control materials must be tested in duplicate. (d) The laboratory must document all control procedures performed, as specified in this section.</p> <p>This STANDARD is not met as evidenced by: Based on review of semen analysis manual cell counts and interview with the general supervisor on October 26, 2018 at 12:30 PM confirmed the laboratory failed to perform semen analysis manual cell counts in duplicate.</p>