

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0450663	(X3) Date Survey Completed 07/27/2018
Name of Provider or Supplier Yates Center Medical Clinic	Street Address, City, State 1004 E Madison, Yates Center, 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
D5545	<p>HEMATOLOGY CFR(s): 493.1269(b)(d)</p> <p>(b) For all nonmanual coagulation test systems, the laboratory must include two levels of control material each 8 hours of operation and each time a reagent is changed. (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 quality control (QC) records and interview with testing personnel #1 the laboratory failed to perform two levels of prothrombin time (PT) controls every eight hours. Findings: 1. Review of iStat prothrombin time QC revealed laboratory performed prothrombin time QC monthly and with every new lot number. 2. Interview with testing personnel #1 on July 27, 2018 at 11:00 AM confirmed the laboratory failed to perform two levels of PT QC every eight hours.</p>