

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0451291	(X3) Date Survey Completed 05/10/2022
Name of Provider or Supplier William Newton Hospital	Street Address, City, State 1300 E 5th Ave, Winfield, 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
D5415	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(c)</p> <p>Reagents, solutions, culture media, control materials, calibration materials, and other supplies, as appropriate, must be labeled to indicate the following: (1) Identity and when significant, titer, strength or concentration. (2) Storage requirements. (3) Preparation and expiration dates. (4) Other pertinent information required for proper use.</p> <p>This STANDARD is not met as evidenced by: No deficiency details available.</p>