

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0453063	(X3) Date Survey Completed 06/21/2022
Name of Provider or Supplier Logan County Health Services	Street Address, City, State 211 Cherry Ave, Oakley, 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
D5407	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on a lack of available documentation and confirmed during interview with technical consultant #1 (TC#1) and technical consultant #2 (TC#2), the laboratory failed to have a Complete Blood Count (CBC) procedure for the Sysmex XN 550 analyzer approved, signed, and dated by the laboratory director before use. Findings: 1. Upon review of the laboratory procedures in hematology, the laboratory director did not approve, sign, and date a laboratory procedure for CBC with regard to the Sysmex XN 550 analyzer at time of survey. 2. Interview with TC#1 and TC#2 on June 21, 2022 at 11:15 a.m. confirmed, the laboratory failed to have a CBC procedure in hematology for the Sysmex XN 550 approved, signed, and dated by the laboratory director before use.</p>