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| <b>Statement of Deficiencies</b>   | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>17D0453239 | <b>(X3) Date Survey Completed</b><br><br>08/19/2025 |
| <b>Name of Provider or Supplier</b><br><br>Meade District Hospital   | <b>Street Address, City, State</b><br><br>510 E Carthage Street, Meade, 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>   |
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| <b>D5401</b>              | <p>PROCEDURE MANUAL<br/>CFR(s): 493.1251(a)</p> <p>(a) 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:<br/>Based on a review of the laboratory procedure "Blood Bank Alarm Testing" and interview with technical consultant #3 (TC #3), the laboratory failed to follow written procedures to perform quarterly blood bank alarm checks. 1. Review of the procedure "Blood Bank Alarm Testing", it stated "The blood bank refrigerator alarm must be tested quarterly". The procedure is signed by laboratory director. 2. Review of the "Blood Bank Temperature Alarm Check" log, showed only two alarm checks in 2024 and one alarm check in 2025 currently. 3. Review of the "Blood Bank Temperature Alarm Check" log, revealed the following alarms performed: a. 2024: 6/10/2024 and 12/4/2024 b. 2025: 8/18/2025 4. Interview with TC #3 on August 19, 2025, at 10:50 a. m. confirmed, the laboratory failed to follow written procedures to perform quarterly alarm checks on the blood bank refrigerator.</p> |