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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 17D0648347 | (X3) Date Survey Completed 02/25/2020 |
| Name of Provider or Supplier Wpm Pathology Laboratory, Chartered | Street Address, City, State 338 North Front St, Salina, 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 |
|---------------------------|---|
| D5431 | <p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(2)</p> <p>For unmodified manufacturer's equipment, instruments, or test systems, the laboratory must perform and document function checks as defined by the manufacturer and with at least the frequency specified by the manufacturer. Function checks must be within the manufacturer's established limits before patient testing is conducted.</p> <p>This STANDARD is not met as evidenced by: Based on an absence of microscope maintenance records and interview with Testing Personnel (TP) #5, the laboratory failed to define a function check protocol for the microscopes. Findings were: 1. No documentation was available for the maintenance of microscopes for a 12 month period. 2. Interview with TP#5 on February 25, 2020 at 10:45 AM confirmed the laboratory failed to define a function check protocol that ensures the microscopes are performing accurately in the 12 month period of 2019.</p> |