Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	17D0648397	07/23/2019
Name of Provider or Supplier	**Street Address, City, State**	
Goodland Regional Medical Center	220 West 2nd St, Goodland, 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
D5209	PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235 As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency. This STANDARD is not met as evidenced by: Based on a review of laboratory personnel procedures, competency records and staff interview, the laboratory failed to define by policy/procedure the manner in which competency was assessed for testing personnel. Findings include: 1. A review of the laboratory's policies/procedures showed the laboratory failed to have the six required procedures in their competency assessment for testing personnel. 2. Upon review of the competency assessment documentation from 09/01/18 to 07/23/19 for testing personnel, the forms included only two of the six required procedures. 3. Interview with the Technical Supervisor #2 on 7/23/19 at 1:20 pm confirmed the laboratory failed to define and use the six required procedures in their competency assessment.
D5431	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(2) 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. This STANDARD is not met as evidenced by: Based on an absence of thermometer records, microscope maintenance records and interview with Technical Supervisor (TS) #2, the laboratory failed to define a function

	check protocol for the thermometers and microscopes. Findings were: 1. No documentation was available for function checks of thermometers for a 24 month period. No documentation was available for the certification of accuracy (NIST traceble) for thermometers, including blood bank storage thermometers for a 24 month period. 2. No documentation was available for the maintenance of microscopes for a 24 month period. 3. Interview with TS #2 7/23/19 1:20 pm confirmed the laboratory had no records of function checks for the thermometers used in the laboratory for the past two years. 4. Interview with TS#2 7/23/19 12:00 pm confirmed the laboratory had no records of microscope maintenance for the past two years.