

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0663012	(X3) Date Survey Completed 08/27/2018
Name of Provider or Supplier Mowery Clinic Llc	Street Address, City, State 737 E Crawford 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
D5435	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(b)(2)</p> <p>For equipment, instruments, or test systems developed in-house, commercially available and modified by the laboratory, or maintenance and function check protocols are not provided by the manufacturer, the laboratory must: (i) Define a function check protocol that ensures equipment, instrument, and test system performance that is necessary for accurate and reliable test results and test result reporting. (ii) Perform and document the function checks, including background or baseline checks, specified in paragraph (b)(2)(i) of this section. Function checks must be within the laboratory's established limits before patient testing is conducted.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's policies and procedures and interview with the Technical Supervisor (TS), the laboratory failed to define, perform and document a function check protocol that ensures equipment, instrument, and test system performance that is necessary for accurate and reliable test results and test result reporting. Findings Include: 1. Review of the laboratory's policies and procedures failed to a function check policy for the laboratory's thermometers and timers. 2. The TS stated the laboratory had not performed function checks or calibrations on any of the laboratory's thermometers or timers. The TS also confirmed the laboratory did not have a function policy or procedure for the timers or thermometers. The interview occurred 08/27/2018 at 3:16 PM.</p>