

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0669713	(X3) Date Survey Completed 07/18/2019
Name of Provider or Supplier Reno County Health Department	Street Address, City, State 209 W 2nd, Hutchinson, 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
D5791	<p>ANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1289(a)(c)</p> <p>(a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and when indicated, correct problems identified in the analytic systems specified in 493.1251 through 493.1283. (c) The laboratory must document all analytic systems assessment activities.</p> <p>This STANDARD is not met as evidenced by: Based on review of the Laboratory's Quality Assurance Program (LQAP) procedure, Laboratory Equipment Checklist log, and interview, the laboratory failed to follow the LQAP procedures for sixteen out of sixteen months for the laboratory equipment and temperature review. Findings include: 1. Review of the LQAP procedure, section III-D states "The laboratory director will review the QC records weekly." Review of the Laboratory Equipment Checklist log of equipment and temperature readings showed the laboratory director (LD) failed to document weekly review of the Laboratory Equipment Checklist log records from January 2018 through April 2019. 2. Interview with LD on July 18, 2019 at 9:00 AM confirmed the laboratory failed to follow LQAP procedure.</p>