

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0700241	(X3) Date Survey Completed 01/13/2020
Name of Provider or Supplier Sedan City Hospital	Street Address, City, State 300 North Street, Sedan, 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 thermometer records, microscope maintenance records and interview with General Supervisor (GS) #1, 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 traceable) for thermometers, including blood bank storage thermometers for a 24 month period. 2. No documentation was available for the maintenance of microscopes during 2019. 3. Interview with GS #1 on 01/13/2020 @ 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 GS #1 on 01/13/2020 @ 1:20 pm confirmed the laboratory had no records of microscope maintenance during 2019.</p>