

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0872258	(X3) Date Survey Completed 09/02/2020
Name of Provider or Supplier Primary Care Partners - Hmc	Street Address, City, State 720 Medical Center Drive, Newton, 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 pipette records, microscope maintenance records and interview with General Supervisor (GS) #1, the laboratory failed to perform and document function checks for eight of eight pipettes and two of two microscopes. Findings were: 1. No documentation was available for function checks of pipettes for period between 09/12/2018 to 12/31/2019. No documentation was available for the certification of accuracy for eight of eight pipettes for 2019. 2. No documentation was available for the maintenance of two of two microscopes for period between 09/12/2018 to 09/02/2020. 3. Interview with GS#1 on 09/02/2020 @ 11:20 am confirmed the laboratory had no records of function checks or certification of accuracy for the eight pipettes used in the laboratory for the period between 09/12//2018 to 12/31//2019. 4. Interview with GS#1 on 09/02/2020 @ 11:25 confirmed the laboratory had no records of microscope maintenance for two of two microscopes during the 24 month period.</p>