

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  17D0920006	<b>(X3) Date Survey Completed</b>  03/10/2020
<b>Name of Provider or Supplier</b>  Konza Prairie Community Health Center, Inc	<b>Street Address, City, State</b>  361 Grant Avenue, Junction City, KS	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5449</b>	<p>CONTROL PROCEDURES CFR(s): 493.1256(d)(3)(ii)(g)</p> <p>Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must-- At least once a day patient specimens are assayed or examined perform the following for-- Each qualitative procedure, include a negative and positive control material; (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on review of Jan 3, 2020 to March 10, 2020 patient test records and quality control (QC) records reveals that the laboratory failed to perform a positive and negative control material each day of patient testing on the Cephid for gonorrhea and Chlamydia for 31 out of 32 patients. Findings were as follows; a. A review of Cephid reports revealed the laboratory failed to perform QC testing on each day of use on the following dates: 01/22/2020, 01/23/2020, 01/24/2020, 01/27/2020, 01/28/2020, 01/29/2020, 01/30/2020, 02/05/2020, 02/07/2020, 02/13/2020, 02/14/2020, 02/18/2020, 02/26/2020, 03/06/202. for 31/32 patients. b. Interview with the Technical Consultant#1 on March 10, 2020 @1230 PM confirmed that the laboratory failed to perform QC testing on each day of use and were performing QC monthly per manufacturer's instructions. No IQCP has been developed to enable the laboratory to reduce the frequency of QC. .</p>