

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D1027382	(X3) Date Survey Completed 01/15/2019
Name of Provider or Supplier Heartland Health Laboratories, Inc	Street Address, City, State 10435 Lackman Road, Lenexa, 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
D5415	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(c)</p> <p>Reagents, solutions, culture media, control materials, calibration materials, and other supplies, as appropriate, must be labeled to indicate the following: (1) Identity and when significant, titer, strength or concentration. (2) Storage requirements. (3) Preparation and expiration dates. (4) Other pertinent information required for proper use.</p> <p>This STANDARD is not met as evidenced by: Based on direct observation and interview with Laboratory Personnel #2, the laboratory failed to label the identity of the contents in the Coplin jars for hematology wright stain to include the in-use date and or expiration dates. Findings Include: 1. Direct observation of the hematology staining area on the date of survey at 9:50 AM found 3 unlabeled Coplin jars of liquid contents that were not labeled to indicate the identity of the contents, in use date or expiration date. 2. Laboratory personnel #2 confirmed the Hematology Coplin jars were not properly labeled with the identity of the contents, in use or expiration dates. The interview occurred 01/15/2019 at 0955 AM.</p>