

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D1041555	(X3) Date Survey Completed 02/24/2022
Name of Provider or Supplier Labcorp Kansas, Inc - Founder's Circle	Street Address, City, State 1947 N Founders Circle #A1h01, Wichita, 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
D5407	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on a lack of available documentation and confirmed during interview with the technical consultant, the laboratory failed to have a procedure approved, signed, and dated by the laboratory director before use. Findings: 1. Upon review of the laboratory procedures, the laboratory director did not approve, sign, and date the laboratory procedure for: TOSOH A1A 360 SN: 27868704 analyzer at time of survey. 2. Interview with the technical consultant on February 24, 2022 at 9:35 a.m. confirmed, the laboratory failed to have a procedure approved, signed, and dated by the laboratory director before use.</p>