

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 18D0327121	(X3) Date Survey Completed 11/14/2018
Name of Provider or Supplier Family Medical Center Of Hart County	Street Address, City, State 117 West South St, Munfordville, KY	
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
D5429	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>For unmodified manufacturer's equipment, instruments, or test systems, the laboratory must perform and document maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview on 11/13/2018 and 11/14/2018, the laboratory failed to perform and document maintenance procedures as required by the manufacturer of the TOSOH A1A 360 chemistry analyzer. Findings include: The laboratory failed to perform monthly maintenance in January, February, June, September, October, and December of 2017. The laboratory failed to perform six month and annual maintenance from November 2017 through October 2018. An interview with the Technical Supervisor at 11:00 AM on 11/13/2018, revealed the laboratory failed to establish a system to ensure maintenance procedures were performed and documented as required and recommended by the manufacturer.</p>