

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  18D2121698	<b>(X3) Date Survey Completed</b>  07/17/2018
<b>Name of Provider or Supplier</b>  Norton Children's Medical Group-Preston	<b>Street Address, City, State</b>  7926 Preston Highway, Suite 210, Louisville, KY	
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>D5429</b>	<p><b>MAINTENANCE AND FUNCTION CHECKS</b> 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 07/17/2018, the laboratory failed to perform and document maintenance procedures as required and recommended by the manufacturers of the Sysmex XP 300 Hematology analyzer. Findings include: The laboratory failed to perform weekly and monthly maintenance on the Sysmex XP 300 Hematology analyzer between August 1, 2017, and July 16, 2018. Interview with laboratory staff at 9:05 AM on 07/17/2018, determined the laboratory failed to establish a system to ensure maintenance procedures were performed and documented as required and recommended by the manufacturer.</p>