

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 20D0089544	(X3) Date Survey Completed 11/07/2025
Name of Provider or Supplier Bucksport Regional Health Center	Street Address, City, State 110 Broadway, Bucksport, ME	
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>(a)(1) 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 interview with the laboratory Technical Consultant (TC), the laboratory failed to perform manufacturer required biennial maintenance on the Sysmex XN-530 hematology analyzer in use. Findings include: 1. Record review on 11/6/2025 of the Sysmex required maintenance logs May 2023 - October 2025, revealed no "air pump" replacement as required by the manufacturer "once every 2 years". 2. Record review on 11/6/2025 of the laboratory's "Equipment Maintenance" policy revealed, "All equipment used in the laboratory will be maintained according to manufacturer's recommendations." 3. Interview with the TC on 11/6/2025 at 11:00am confirmed the findings above. 4. The laboratory performs 29,716 tests per year in the specialty of hematology.</p>