

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 23D0671792	<b>(X3) Date Survey Completed</b> 11/29/2022
<b>Name of Provider or Supplier</b> Genesee Hematology Oncology	<b>Street Address, City, State</b> 302 Kensington Avenue, Flint, MI	
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>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 observation and interview with the Technical Consultant (TC), the laboratory failed to perform and document thermometer calibrations and/or replace an expired thermometer for 1 (S/N 130041895) of 1 thermometers in use. Findings include: 1. During a tour of the laboratory on 11/29/2022 at 9:00 am the surveyor observed a thermometer in the Frigidaire refrigerator with an expiration date of unable to read the month/23/2015. 2. When queried on 11/29/2022 at 9:00 am, the TC was not able to provide the surveyor documentation to show the thermometer had been calibrated. 3. An interview on 11/29/2022 at 9:00 am, the TC confirmed the laboratory failed to perform and document thermometer calibrations and/or replace the expired thermometer.</p>