Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 23D2085697	**(X3) Date Survey Completed** 02/07/2022
Name of Provider or Supplier Corewell Health Beaumont Troy Hospital	**Street Address, City, State** 44344 Dequindre Road Suite 330, Sterling Heights, MI	
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	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1) 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. This STANDARD is not met as evidenced by: . Based on record review and interview with the Technical Consultant (TC), the laboratory failed to perform and document the semi-annual Sysmex Emerald hematology analyzer maintenance for 1 (2020) of 2 years reviewed. Findings include: 1. A record review of the monthly Sysmex Emerald hematology analyzer "Maintenance Log" revealed for 1 (2020) of 2 years reviewed there was a lack of documentation. 2. When queried on 2/07/2022 at 10:16, the TC was unable to provide the surveyor the documentation requested. 3. An interview on 2/07/2022 at 10:16 am, the TC confirmed the laboratory failed to perform and document the semi-annual lubricate the pistons for the Sysmex Emerald hematology analyzer in 2020. ***Repeat Deficiency from the 8/29/2017 survey***