

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  23D2100814	<b>(X3) Date Survey Completed</b>  12/13/2022
<b>Name of Provider or Supplier</b>  Adams Medical Center	<b>Street Address, City, State</b>  23850 Van Born Road, Dearborn Heights, 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 Testing Personnel (TP) #1, the laboratory failed to perform and document thermometer calibrations and/or replace an expired thermometer for 1 (S/N 181007403) of 1 thermometers in use. Findings include: 1. During a tour of the laboratory on 12/13/2022 at 9:12 am the surveyor observed a thermometer in the Frigidaire refrigerator/freezer with an expiration date of 2/06/2020 in use. 2. When queried on 12/13/2022 at 9:15 am, TP1 was not able to provide the surveyor documentation to show the thermometer had been calibrated. 3. An interview on 12/13/2022 at 9:15 am, TP1 confirmed the laboratory failed to perform and document thermometer calibrations and/or replace the expired thermometer.</p>