

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D0651762	(X3) Date Survey Completed 08/30/2018
Name of Provider or Supplier Alliance Healthcare System, Inc	Street Address, City, State 1430 Highway 4 East, Holly Springs, MS	
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>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 review of the Mindray BS-480 Chemistry analyzer records (maintenance forms and records from installation) from 10/21/16 until 8/31/18, the day of survey, the laboratory failed to document as performed the 6 month maintenance on the Mindray BS-480 analyzer. Findings include: The following maintenance--required by the manufacturer--was not documented as having been performed from installation through the day of survey. Every 6 Month Maintenance: Replace water supply filter.</p>