Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D1038690	(X3) Date Survey Completed 08/04/2021
Name of Provider or Supplier Heartland Family Medical	**Street Address, City, State** 131 Hwy 309 S, Byhalia, 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	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 review of Cell Dyn Emerald hematology analyzer records from 2/7/19 until 8/4/21 and interview with the clinic owner and Technical Consultant (TC) group owner at 3:30 p.m. on the day of survey, the laboratory failed to document as performed the monthly maintenance on the Cell Dyn Emerald analyzer as required by the manufacturer. Findings include: 1. Review of the Cell Dyn Emerald records revealed no maintenance records available for the period from 2/7/19 through 8/4/21. 2. The following Cell Dyn Emerald hematology maintenance is required by the manufacturer: a. Monthly - Bleach cleaning b. Semi-annually - Lubricate the pistons c. Unscheduled - Bleach Cleaning d. As needed. B. Interview at 3:30 p.m. on 8/4/21 with the laboratory owner and TC Group owner confirmed maintenance was not documented as performed on the Cell Dyn Emerald maintenance log provided by the manufacturer and /or no maintenance records were available..