Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	26D0668350	08/20/2025
Name of Provider or Supplier	**Street Address, City, State**	
Kansas City Health Department	2400 Troost, Kansas City, MO	

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
D5413	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b) (b) The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following: (b)(1) Water quality. (b)(2) Temperature. (b)(3) Humidity. (b)(4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports. This STANDARD is not met as evidenced by: Based on review of June 2025 room temperature logs, and interview with the technical consultant (TC), the laboratory failed to document room temperature for 2 of 19 days in June 2025. Findings: 1. Review of January 2025 room temperature log showed no documentation of room temperature for June 27 and June 30. 2. Interview with the TC on August 20, 2025 at 10:00 AM confirmed the laboratory failed to document room temperature for 2 days in June 2025.
D6018	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iii) (e)(4)(iii) All proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratorys performance and to identify any problems that require corrective action; and This STANDARD is not met as evidenced by: Based on review of proficiency testing (PT) records for 2024 and 2025 and interview

	with the laboratory director, the laboratory director failed to ensure five of nine PT testing events were reviewed by appropriate staff to evaluate, identify problems requiring corrective action and to evaluate ungraded results. Findings: 1. Review of the D5-B gram stain PT testing event of 2024 the laboratory did not have documentation to show the testing reports received were reviewed and ungraded results were evaluated by appropriate staff for D5-06 morphology challenge and D5-06, D5-07, D5-08, D5-09 and D5-10 PMN leukocytes challenges. 2. Review of DC-A GC culture and D3-B GC culture testing events of 2024 the laboratory did not have documentation to show testing reports received were reviewed and evaluated by appropriate staff. 3. Review of S-A diagnostic immunology and S-C diagnostic immunology serum pregnancy testing events of 2024 the laboratory did not have documentation to show testing reports received were reviewed and evaluated by appropriate staff. 4. Interview with the laboratory director on August 20, 2025 at 10: 00 AM confirmed the laboratory director failed to ensure appropriate staff review, evaluate and identify problems requiring corrective action for all PT results received.