

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 26D1013631	(X3) Date Survey Completed 10/22/2018
Name of Provider or Supplier Jordan Valley Community Health Center	Street Address, City, State 440 E Tampa, Springfield, 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
D5411	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(a)</p> <p>Test systems must be selected by the laboratory. The testing must be performed following the manufacturer's instructions and in a manner that provides test results within the laboratory's stated performance specifications for each test system as determined under 493.1253.</p> <p>This STANDARD is not met as evidenced by: Based on review of the Rapid Plasma Reagin (RPR) procedure, maintenance and interview with the laboratory director on October 22, 2018 at 12:15 PM confirmed the laboratory failed to follow manufacturers instructions and check rotation on rotor, needle accuracy and timer for RPR's each day of patient testing from September 2017 to date.</p>