Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 27D0411099	(X3) Date Survey Completed 12/08/2020
Name of Provider or Supplier St Luke Community Healthcare	**Street Address, City, State** 107 6th Avenue Sw, Ronan, MT	
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 record review and interview with laboratory staff, the laboratory failed to maintain certification of the Biosafety Cabinet (Baker, SG403) located in the Laboratory for 2019. Findings include: 1. Review of Asepsis, LLC, Laminar Flow Hood Evaluation records for annual certification, showed documentation for 2018 and 2020, but lacked documentation for the year 2019. 2. Interview on 12/8/20 at 3:08 pm with General Supervisor (GS) confirmed certification was not performed for the year 2019.