Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 28D0453542	(X3) Date Survey Completed 11/05/2019
Name of Provider or Supplier Mercyone Oakland Family Medicine	**Street Address, City, State** 211 N Engdahl Ave, Oakland, NE	
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
D5555	IMMUNOHEMATOLOGY CFR(s): 493.1271(c)(f) (c) Blood and blood products storage. Blood and Blood products must be stored under appropriate conditions that include an adequate temperature alarm system that is regularly inspected. (c)(1) An audible alarm system must monitor proper blood and blood product storage temperature over a 24-hour period. (c)(2) Inspections of the alarm system must be documented. (f) Documentation. The laboratory must document all control procedures performed, as specified in this section. This STANDARD is not met as evidenced by: Based on surveyor review of 2016 blood bank temperature logs, 2017 blood bank temperature logs, 2018 blood bank temperature logs, 2019 blood bank temperature logs, and interview with general supervisor the laboratory failed to perform alarm checks. Findings are: 1. Review of blood bank temperature logs revealed the laboratory failed to perform alarm checks since May 2016. 2. Interview with general supervisor on 11/5/2019 at 11:55PM confirmed the laboratory failed to perform alarm checks since May 2016.