

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 28D0455707	(X3) Date Survey Completed 06/04/2025
Name of Provider or Supplier Providence Medical Center	Street Address, City, State 1200 Providence Road, Wayne, 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
D5435	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(b)(2)</p> <p>(b)(2)(i) Define a function check protocol that ensures equipment, instrument, and test system performance that is necessary for accurate and reliable test results and test result reporting. (b)(2)(ii) Perform and document the function checks, including background or baseline checks, specified in paragraph (b)(2)(i) of this section. Function checks must be within the laboratory's established limits before patient testing is conducted.</p> <p>This STANDARD is not met as evidenced by: Based on review of the Ortho immunohematology maintenance and quality control records and confirmed by the laboratory manager the laboratory failed to perform weekly cleaning on the Ortho dispensers from 1/1/2025 - 6/4/2025. Findings are: 1. Review of the Ortho immunohematology maintenance and quality control records indicate weekly cleaning of the Ortho dispensers to be performed weekly. 2. Review of the Ortho immunohematology maintenance and quality control records from 1/1/2025 - 6/4/2025, revealed cleaning of the Ortho dispensers was performed on 1/30/2025 and 4/2/2025. 3. Interview with the laboratory manager on 6/4/2025 at 12:03 PM, confirmed the laboratory did not perform weekly cleaning if the Ortho dispensers from 1/1/2025 - 6/4/2025.</p>